

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of North Carolina
(State)

Case number (if known): Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Oaktree Medical Centre, P.C.

2. **All other names debtor used in the last 8 years** aka FirstChoice Healthcare; aka Pain Management Associates; aka Pain Management Associates of North Carolina
Include any assumed names, trade names, and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 58 - 2332081

4. **Debtor's address**

Principal place of business			Mailing address, if different from principal place of business		
25	Airpark Court				
Number	Street				
			P.O. Box 26809		
			P.O. Box		
Greenville	SC	29607	Greenville	SC	29616
City	State	ZIP Code	City	State	ZIP Code
			Location of principal assets, if different from principal place of business		
Greenville					
County					
			Number Street		
			City State ZIP Code		

5. **Debtor's website (URL)**

6. **Type of debtor**
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor Oaktree Medical Centre, P.C. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor See attached Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Oaktree Medical Centre, P.C. Case number (if known) _____
Name

11. Why is the case filed in *this* district?

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor	Oaktree Medical Centre, P.C.	Case number (if known)	
	Name		

16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
	<input type="checkbox"/> \$50,001-\$100,000	<input checked="" type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

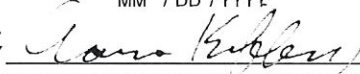
Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09 / 18 / 2019
MM / DD / YYYY

x 
Signature of authorized representative of debtor

Aaron Kibbey
Printed name

Title Chief Restructuring Officer

18. Signature of attorney

x 
Signature of attorney for debtor

Date 09 / 18 / 2019
MM / DD / YYYY

Ethridge B. Ricks

Printed name

McGuireWoods LLP

Firm name

301 North Tyron Street, Suite 300

Number Street

Charlotte

City

NC

State

28202-2146

ZIP Code

704-343-2235

Contact phone

bricks@mcguirewoods.com

Email address

48046

Bar number

NC

State

VOLUNTARY PETITION

Attachment for Part 10

Are any bankruptcy cases pending or being filed by a
business partner or an affiliate of the debtor?

Filing Debtor: Oaktree Medical Centre, P.C.

Related cases:

Debtor/District	Case number, if known	Relationship	When
Labsource, LLC Western District of North Carolina	Unknown	Affiliate entity 100% owned by Oaktree Medical Centre, P.C.'s owner	09/18/2019
Oaktree Medical Centre, LLC Western District of North Carolina	Unknown	Affiliate entity 100% owned by Oaktree Medical Centre, P.C.'s owner	09/18/2019

**RESOLUTIONS BY UNANIMOUS WRITTEN CONSENT
OF THE SOLE DIRECTOR OF
OAKTREE MEDICAL CENTRE, P.C.**

Pursuant to that certain Unanimous Written Consent of the Sole Stockholder of the Company, dated July 12, 2018, the undersigned, being the sole Director of Oaktree Medical Centre, P.C., a South Carolina professional corporation (the "Company"), does hereby certify his consent to the adoption of the following resolutions:

WHEREAS, the undersigned was appointed the sole member of the Company's Board of Directors pursuant to the July 12, 2018 Unanimous Written Consent of the Sole Stockholder of the Company, and the Company does not currently have any other members of the Board or any appointed officers; and

WHEREAS, the undersigned, being the sole Director of the Company, has received and reviewed reports concerning the financial condition of the Company, and has obtained independent advice from the Company's turnaround consultant, Huron Consulting Group; and

WHEREAS, it appears in the business judgment of the sole Director that it is in the best interests of the Company, its affiliates and subsidiaries, its creditors, equity holders, employees, and other interested parties, for the Company to be liquidated under the supervision of the United States Bankruptcy Court; it is hereby

RESOLVED, that the Company be, and hereby is, authorized and empowered to file a voluntary petition for relief under chapter 7 of title 11 of the United States Code (the "Bankruptcy Code") in a Bankruptcy Court of proper jurisdiction; and it is further

RESOLVED, that Aaron Kibbey of Huron Consulting Group, is hereby appointed as the Company's Chief Restructuring Officer (the "Authorized Officer"); and

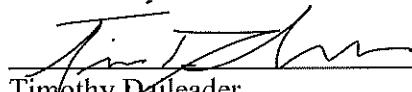
RESOLVED, that the Authorized Officer is hereby authorized and directed, in the name and on behalf of the Company, to prepare or cause to be prepared, and to execute or cause to be executed, all documents, petitions, pleadings, and other instruments necessary, or in the sole discretion of the Authorized Officer, appropriate, to cause the initiation and prosecution of a case under the Bankruptcy Code; and it is further;

RESOLVED, that the Authorized Officer is authorized and directed to employ and retain McGuireWoods LLP to represent the Company in its case under the Bankruptcy Code and to assist the Company with carrying out its duties under the Bankruptcy Code, upon such retainer and compensation agreement as may seem in the sole discretion of the Authorized Officer to be appropriate; and it is further

RESOLVED, that all acts, actions and transactions relating to the matters contemplated by the foregoing resolutions done in the name of and on behalf of the Company, which acts would have been approved by the foregoing resolutions except that such acts were taken before the adoption of these resolutions, are hereby in all respects approved and ratified as the true acts and deeds of the Company with the same force and effect as if each such act, transaction, agreement or certificate has been specifically authorized in advance by resolution of the sole director of the Company.

[Signature Page to Follow]

IN WITNESS WHEREOF, the undersigned sole Director of the Company has executed this written consent as of the 18th day of September, 2019.



Timothy Daileader
Director, Oaktree Medical Centre, P.C.

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

IN RE: OAKTREE MEDICAL)
CENTRE, PC,) Case No:
)
) Chapter 7
)
Debtor.)
)

CORPORATE OWNERSHIP STATEMENT
OAKTREE MEDICAL CENTRE, PC

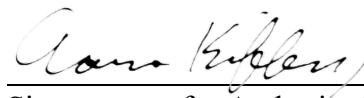
Check one: X DEBTOR ___ PLAINTIFF ___ DEFENDANT ___ OTHER (specify): _____

Instructions: Fed. R. Bankr. P. 7007.1 requires corporate parties to an adversary proceeding, other than the debtor or a governmental unit, to file a statement of corporate ownership with the first pleading filed. Fed. R. Bankr. P. 1007(a)(1) requires corporate debtors to file with the petition a Corporate Ownership Statement containing the information described in Fed. R. Bankr. P. 7007.1. Check one of the statements set forth below and provide any information as directed.

☐ 1. The following corporations directly or indirectly own 10% or more of any class of the above named corporate debtor's/party's equity interests:

☒ 2. There are no entities that directly or indirectly own 10% or more of any class of the above named corporate debtor's/party's equity interests.

Date: September 17, 2019



Signature of Authorized Individual for Corporate Debtor/Party

Aaron Kibbey

Printed Name of Authorized Individual for Corporate Debtor/Party

Chief Restructuring Officer

Title of Authorized Individual for Corporate Debtor/Party

Fill in this information to identify the case and this filing:

Debtor Name Oaktree Medical Centre, P.C.
United States Bankruptcy Court for the: Western District of N Carolina
(State)
Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

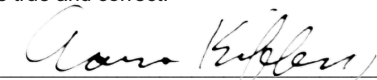
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09 / 18 / 2019
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

Aaron Kibbey
Printed name

Chief Restructuring Officer
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Oaktree Medical Centre, P.C.

United States Bankruptcy Court for the: Western District of N Carolina
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 0.00
Plus Unknown

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 7,999,524.07
Plus Unknown

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 7,999,524.07
Plus Unknown

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 29,479,638.28
Plus Unknown

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 2,692,466.17
Plus Unknown

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 5,686,312.31
Plus Unknown

4. **Total liabilities**.....
Lines 2 + 3a + 3b

\$ 37,858,416.76
Plus Unknown

Fill in this information to identify the case:

Debtor name Oaktree Medical Centre, P.C.

United States Bankruptcy Court for the: Western District of N Carolina
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>See attached Rider 1.3</u>	_____	_____	\$ <u>35,860.97</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. <u>None</u>	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 35,860.97

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. <u>See attached Rider 2.7</u>	\$ <u>22,663.46</u>
7.2. _____	\$ _____

Case Name: Oaktree Medical Centre, PC

Case Number:

Part 1:

Schedule A/B: Assets - Real and Personal Property
Cash and cash equivalents

3. Checking, savings, money market, or financial brokerage accounts

	Name of Institution (bank or brokerage firm)	Type of Account	Last 4 digits of account number	Current value of debtor's interest
3.1	South State Bank	Checking	3895	\$9,660.24
3.2	South State Bank	Savings	0117	\$489.78
3.3	First Citizens Bank & Trust Co	Depository	5701	\$43.60
3.4	First Citizens Bank & Trust Co	Depository	6001	\$25,004.10
3.5	First Citizens Bank & Trust Co	Depository	4323	\$663.25
TOTAL				<u><u>\$35,860.97</u></u>

Part 2:

Schedule A/B: Assets - Real and Personal Property

Deposits and Prepayments

7. Deposits, including security deposits and utility deposits

	DESCRIPTION	NAME OF HOLDER OF DEPOSIT	CURRENT VALUE OF DEBTOR'S INTEREST
7.1	Two Park Trinity	Security Deposit 545 N. Pleasantburg Dr Suite 102	\$3,729.17
7.2	Lutheran Services Carolinas	Security Deposit for 2561 Hendersonville Rd., Arden, NC 28704 25H-ARD/adm	\$3,600.00
7.3	SCE&G	Utility Deposit - Sunset Blvd West Columbia	\$319.29
7.4	Town of Waynesville	Utility Deposit - Waynesville NC	\$240.00
7.5	SCE&G	Utility Deposit - Highland Drive Columbia	\$975.00
7.6	Magnolia Center One, LLC	Security Deposit on New MB Location	\$13,800.00

TOTAL

\$22,663.46

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. See attached Rider 2.8 \$ 157,352.49
8.2. \$

9. Total of Part 2. \$ 180,015.95
Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$2,745,114.41 - \$1,669,378.18 = → \$ 1,075,736.23
face amount doubtful or uncollectible accounts
11b. Over 90 days old: \$2,729,582.81 - \$2,222,624.89 = → \$ 506,957.92
face amount doubtful or uncollectible accounts

12. Total of Part 3 \$ 1,582,694.15
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. None \$
14.2. \$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. Pointe West Phase 2012, LLC 18 % \$ 84,619.00
15.2. % \$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \$
16.2. \$

17. Total of Part 4 \$ 84,619.00
Add lines 14 through 16. Copy the total to line 83.

Case Name: Oaktree Medical Centre, PC

Case Number:

Part 2: Schedule A/B: Assets - Real and Personal Property
Deposits and Prepayments

8. Prepayments

	DESCRIPTION	NAME OF HOLDER OF PAYMENT	CURRENT VALUE OF DEBTOR'S INTEREST
8.1	Landmark American Insurance Company - c/o Willis of North Carolina, Inc	Executive Risk Package - Policy LHP677660 - Exp 1/9/20	\$17,666.66
8.2	Underwriters at Lloyd's London - c/o Willis of North Carolina, Inc	Executive Risk Package - Policy DOH00746111 - Exp 1/9/20	\$17,666.66
8.3	StarStone Specialty Insurance Company - c/o Willis of North Carolina, Inc	Excess Private Management Liability - Policy H70164180ASP - Exp 1/9/20	\$14,133.34
8.4	Underwriters at Lloyd's London - c/o Willis of North Carolina, Inc	Endorsement Excess Liability - Policy ANV122398A - Exp 1/9/20	\$53,000.00
8.5	Crum and Forster Insurance Company - c/o Willis of North Carolina, Inc	Endorsement Excess Liability - Policy EPP-100004 - Exp 1/9/20	\$12,366.66
8.6	Hiscox Inc - c/o Willis of North Carolina, Inc	Business Crime Policy - Policy # UC22283982 19 - Exp 7/9/20	\$6,233.50
8.7	South Carolina Dept of Health	CLIA Laboratory Compliance Fee - #42D0954666 - 2020 to 2022	\$5,527.00
8.8	Coversys Medical Malpractice	Excess Malpractice Premiums 8/1/18 - 8/1/19	\$30,758.67

TOTAL \$157,352.49

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor

Oaktree Medical Centre, P.C.
Name

Document

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office Computers	\$ _____ Unknown	_____	\$ _____ Unknown
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ _____ Unknown

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 2014 Land Rover Range Rover (VIN SALGS2EF9EA148594)	\$ 0.00	KBB/Depreciation	\$ 25,413.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$		\$
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 25,413.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Name

Document

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Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 See attached Rider 9.55		\$		\$ 0.00
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites Various domains	\$		\$ Unknown
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations Patient lists	\$		\$ Unknown
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$ 6,090,921.00	Unknown	\$ 6,090,921

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 6,090,921.00

Case Name: Oaktree Medical Centre, PC

Case Number:

Part 9:

Schedule A/B: Assets - Real and Personal Property

Real property

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory warehouse, apartment or office building) if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1	Corporate Offices, 25 Airpark Court, Greenville, SC	Leased Office Space	\$0.00		\$0.00
55.2	Lab Services, 777 Lowery Road, Building 2, Suite 102, Greenville, SC	Leased Office/Lab Space	\$0.00		\$0.00
55.3	Medical Clinic, 1005 Grove Road, Greenville, SC	Leased Medical Office Space	\$0.00		\$0.00
55.4	Medical Clinic, 108 Montgomery Drive, Anderson, SC	Leased Medical Office Space	\$0.00		\$0.00
55.5	Medical Clinic, 115 Brushy Creek Road, Easley, SC	Leased Medical Office Space	\$0.00		\$0.00
55.6	Medical Clinic, 1650 Skylyn Drive, Suite 210, Spartanburg, SC	Leased Medical Office Space	\$0.00		\$0.00
55.7	Medical Clinic, 120 Highland Center Park, Suite 105, (NE) Columbia, SC	Leased Medical Office Space	\$0.00		\$0.00
55.8	Medical Clinic, 1920 2nd Loop Road, Florence, SC	Leased Medical Office Space	\$0.00		\$0.00
55.9	Medical Clinic, 4600 Oleander Drive, Suite 1, Myrtle Beach, CA	Leased Medical Office Space	\$0.00		\$0.00
55.10	Medical Clinic, 10 Miller Road, Sumter, SC	Leased Medical Office Space	\$0.00		\$0.00
55.11	Medical Clinic, 2651 Hendersonville Road, Arden, NC	Leased Medical Office Space	\$0.00		\$0.00
55.12	Medical Clinic, 3410 Sunset Boulevard, West Columbia, SC	Leased Medical Office Space	\$0.00		\$0.00

TOTAL

UNKNOWN

Debtor Name Oaktree Medical Centre, P.C. Debtor Number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
- ☐ No
- ☒ Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
- ☐ No
- ☒ Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
- ☒ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes. Fill in the information below.

		Current value of debtor's interest
71. Notes receivable		
Description (include name of obligor)		
_____	_____ — _____ = →	\$ _____
	Total face amount	doubtful or uncollectible amount
72. Tax refunds and unused net operating losses (NOLs)		
Description (for example, federal, state, local)		
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
73. Interests in insurance policies or annuities		\$ _____
74. Causes of action against third parties (whether or not a lawsuit has been filed)		\$ _____
Nature of claim _____		
Amount requested \$ _____		
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		\$ _____
Nature of claim _____		
Amount requested \$ _____		
76. Trusts, equitable or future interests in property		\$ _____
77. Other property of any kind not already listed Examples: Season tickets, country club membership		\$ _____
_____		\$ _____
_____		\$ _____
78. Total of Part 11.		\$ _____
Add lines 71 through 77. Copy the total to line 90.		
79. Has any of the property listed in Part 11 been appraised by a professional within the last year?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 35,860.97	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 180,015.95	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,582,694.15	
83. Investments. Copy line 17, Part 4.	\$ 84,619.00	
84. Inventory. Copy line 23, Part 5.	\$	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ Unknown	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 25,413.00	
88. Real property. Copy line 56, Part 9.	→	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 6,090,921.00	
90. All other assets. Copy line 78, Part 11.	+ \$	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 7,999,524.07	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 7,999,524.07

Fill in this information to identify the case:

Debtor name	Oaktree Medical Centre, P.C.		
United States Bankruptcy Court for the:	Western	District of	N Carolina
			(State)
Case number (If known):			

Official Form 206D

☐ Check if this is an amended filing
Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.**

If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of Claim Do not deduct the value	Column B Value of collateral that supports this claim
2.1	Creditor's name		
s106	FIDUS INVESTMENT CORPORATION	\$29,354,194.18	UNKNOWN
	Creditor's Mailing Address		
	AS LENDER AND COLLATERAL AGENT 1603 ORRINGTON #810 EVANSTON, IL 60201		
	Creditor's email address, if known		
	Date debt was incurred		
	5/6/2014		
	Last 4 digits of account number		
	Do multiple creditors have an interest in the same property?		
	<input type="checkbox"/> No		
	<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		
	<input type="checkbox"/> No. Specify each creditor, including this creditor and its relative priority.		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines s106		
	Describe debtor's property that is subject to a lien		
	Substantially all assets of Oaktree Medical Centre, P.C. and Labsource, LLC		
	Describe the lien		
	SECURED CLAIM		
	Is the creditor an insider or related party?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Is anyone else liable on this claim?		
	<input type="checkbox"/> No.		
	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	As of the petition filing date, the claim is:		
	Check all that apply.		
	<input checked="" type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		

Part 1:

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A

Amount of Claim

Do not deduct the value

Column B

Value of collateral that supports this claim

2.2	Creditor's name	Describe debtor's property that is subject to a lien	\$125,444.10	UNKNOWN
s107	US BANK EQUIPMENT FINANCE	GE Healthcare - CPS Prescription Software, Centricity Practice Solution, CPS MU Software - Related Medical Practice Software priority lien over Fidus Investment Corporation lien on the software		
	Creditor's Mailing Address			
	1310 MADRID ST MARSHALL, MN 56258			
	Creditor's email address, if known	Describe the lien		
		SECURED CLAIM		
	Date debt was incurred			
	4/13/2016			
	Last 4 digts of account number	Is the creditor an insider or related party?		
	8988	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No.		
	<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<input type="checkbox"/> No. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is:		
		Check all that apply.		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines s107	<input checked="" type="checkbox"/> Contingent		
		<input checked="" type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digts of account number for this entity
WEST CRT HEAVY, LLC 1603 ORRINGTON #810 EVANSTON, IL 60201	s106	
WEST FAMILY INVESTMENTS, INC. 1603 ORRINGTON #810 EVANSTON, IL 60201	s106	
WEST INVESTMENT CORPORATION 1603 ORRINGTON #810 EVANSTON, IL 60201	s106	
WEST INVESTMENT HOLDINGS, LLC 1603 ORRINGTON #810 EVANSTON, IL 60201	s106	

Part 3: Total Amounts of the Claims Secured by Property

3a. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

3a.

Total of Claim Amounts
\$29,479,638.28

Fill in this information to identify the case:

Debtor name	Oaktree Medical Centre, P.C.		
United States Bankruptcy Court for the:	Western	District of	N Carolina
		(State)	
Case number (If known):			

Official Form 206E/F

☐ Check if this is an amended filing**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s402	ALLSEP, JESSICA 113 PERRY BEND CIRCLE APT. 101 EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$600.08	\$600.08
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s403	AMBROSE, CAROL 113 OLD BETHLEHEM SCHOOL ROAD PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$179.10	\$179.10
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s404	ASHER COOPER, EMILY 189 TWIN CREEK DRIVE BOILING SPRINGS, SC 29316	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$258.45	\$258.45
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s425	ASHLEY CRISP 1651 UNION SCHOOL RD MCBEE, SC 29101	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,897.44	\$10,897.44
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$271.18	\$271.18
s405	BALDWIN, CARLY 2194 OLD LIBERTY RD LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$132.32	\$132.32
s406	BARLOW, TIFFANY 168 ENON CHURCH ROAD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$631.25	\$631.25
s408	BLACK, MELISSA 644 OLD CEDAR ROCK ROAD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s616	BOBBY BUFFKIN 4864 JORDAN CIRCLE TIMMONSVILLE, SC 29161	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100.00	\$100.00
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$9,923.08	\$9,923.08
s503	BRADLEY SWENSON 2900 RAMBLING PATH ANDERSON, SC 29621	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$528.84	\$528.84
s409	BRAILSFORD, DANIELLE PO BOX 925 SUMMERTON, SC 29148	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.11	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$416.95	\$416.95
s410	BRAND, JENNIFER 439 SOUTH BUNCOMBE ROAD APT #525 GREER, SC 29650	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.12	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s507	BRANT TURNER 1276 SHADOW WAY GREENVILLE, SC 29615	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,504.27	\$1,504.27
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$908.16	\$908.16
s411	BRINSTON, HILLARY 103 AUGUSTA STREET EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$198.00	\$198.00
s412	BROWN, REGAN 342 HARTVIEW CIRCLE ANDERSON, SC 29625	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.15	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,854.05	\$1,854.05
s413	BRYANT, KHAIRIYA 2900 E NORTH ST APT. 84 WADE HAMPTON, SC 29615-1880	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.16	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s414	BUCHANAN, MEGAN 3365 POTTS LANE DALZELL, SC 29040	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$306.90	\$306.90
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$285.75	\$285.75
s415	CAPPS, LINDSEY 1425 MASSEY RD PENDLETON, SC 29670	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$373.20	\$373.20
s416	CARTER, KATHRYN 504 SOUTH B ST EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.19	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$333.80	\$333.80
s417	CHILDERS, REBEKAH 104 IVYWAY LANE LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.20	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s418	CHRISLEY, DIANE 1205 ROYAL SUMMIT DR SENECA, SC 29678	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$740.81	\$740.81
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,437.90	\$3,437.90
s419	COKER, SHANNON 720 DIX LANE FLORENCE, SC 29505	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$389.48	\$389.48
s421	COOLEY, AMANDA 1540 EBENEZER ROAD DARLINGTON, SC 29532	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.23	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$389.48	\$389.48
s420	COOLEY, KAYLA 505 WEST MAIN STREET APT. #5 EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.24 s497	Priority creditor's name and mailing address COREY SMITH 111 BROOK STONE DR EASLEY, SC 29642	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$748.93	\$748.93
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25 s423	Priority creditor's name and mailing address COX, ELIZABETH 219 LONGVIEW DR WILLIAMSTON, SC 29697	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$162.55	\$162.55
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26 s424	Priority creditor's name and mailing address CRANE, ASHLEY 105 WINSTON WAY EASLEY, SC 29640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$498.96	\$498.96
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.27 s426	Priority creditor's name and mailing address CRUM, BRANDI 1417 ZION SCHOOL ROAD EASLEY, SC 29642	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$486.77	\$486.77
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.28	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s427	DALTON, MANDY 247 AUDUBON ACRES DRIVE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,850.00	\$12,850.00
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$91.80	\$91.80
s428	DAMERON, DELAINA 206 SPRING ESTATES DR LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$294.48	\$294.48
s430	EBENBOECK, JULIA 16 PITTMAN ROAD LYMAN, SC 29365	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.31	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$218.28	\$218.28
s431	EBERT, BRANDI 171 HICKORY RD WILLIAMSTON, SC 29697	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.32	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s432	EDDINS, THOMAS 70 CORNELIUS DRIVE PISGAH FOREST, NC 28768	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666.88	\$666.88
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$623.79	\$623.79
s433	ELMORE, KYLE 14 LAUREL DRIVE TAYLORS, SC 29687	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,729.32	\$2,729.32
s435	FOSTER, TRACY 117 FRANCIS RD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.35	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$603.13	\$603.13
s436	GALLANT, KRISTEN 19 ALEXANDER ST. LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.36	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s437	GALLMAN, TARA 100 BROWN DRIVE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$587.09	\$587.09
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,031.39	\$1,031.39
s438	GILL, SABRINA 228 HAYES ROAD PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$386.40	\$386.40
s439	GILSTRAP, JULIE 649 MASSINGILL MEMORIAL DR PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.39	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$592.50	\$592.50
s440	GOLDSMITH, HANNAH 115 PEARSON TERRACE DR APT. C EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.40	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s441	GREER, JODY 112 FOLKSTONE CT EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$176.40	\$176.40
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$166.32	\$166.32
s443	HALTIWANGER, LESLYE 208 LONGVIEW DRIVE PIEDMONT, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$16.12	\$16.12
s444	HAMILTON, PURITY 199 FAIR ORCHARD WAY DUNCAN, SC 29334	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.43	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$83.33	\$83.33
s445	HANNIGAN, KAYLEE 108 EDGEWOOD DRIVE DUNCAN, SC 29334	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.44	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s446	HARE, ASHLEY 301 MORNING CREEK DRIVE EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$597.63	\$597.63
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$373.62	\$373.62
s447	HARTSELL, WINNON 167 BAGWELL STREET EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$172.80	\$172.80
s448	HESS, NICHOLE 891 SOUTH MECHANIC STREET PENDLETON, SC 29670	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.47	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$222.17	\$222.17
s449	HICKSON, RANDOLYN 1558 RUGER DR SUMTER, SC 29150	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.48	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s450	HILL, SAMUEL 3944 FORRESTER ROAD GREER, SC 29651	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$198.75	\$198.75
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$102.52	\$102.52
s451	HOOD, HALLE 114 SNIPE LANE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$275.00	\$275.00
s452	HORTON, BRITTANI 434 PLEASANT GREEN DR INMAN, SC 29349	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.51	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$398.55	\$398.55
s454	HUBER, CHRISTA 110 ROYAL COURT GREENVILLE, SC 29611	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.52	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s453	HUBER, MARGARET 6780 RACKING LANE WEDGEFIELD, SC 29168	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43.12	\$43.12
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$107.18	\$107.18
s455	HUGHES, KARLA 131 SHARLA CT LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$816.92	\$816.92
s456	INGRAM, BROOKE 1010 OLD HUNTS BRIDGE ROAD GREENVILLE, SC 29617	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.55	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,039,481.19	\$2,039,481.19
s378	INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 12/31/2013	Basis for the claim: ASSESSMENT - FORM 1120		
	Last 4 digits of account number 2081			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.56 s772	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0202 Date or dates debt was incurred 12/31/2013 Last 4 digts of account number 2081 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ASSESSMENT - FORM 941 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412,159.14	\$412,159.14
2.57 s457	Priority creditor's name and mailing address JACKSON, TAMEKA 206 CATTERICK WAY FOUNTAIN INN, SC 29644 Date or dates debt was incurred Various Last 4 digts of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNPAID PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.10	\$209.10
2.58 s458	Priority creditor's name and mailing address JEFFERIES, ASHLEY 140 MANOR HOUSE LANE CHESNEE, SC 29323 Date or dates debt was incurred Various Last 4 digts of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNPAID PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.28	\$9.28
2.59 s434	Priority creditor's name and mailing address JEFFREY FARRICIELLI 3912 ASHTON SHORE LANE MOUNT PLEASANT, SC 29466 Date or dates debt was incurred Various Last 4 digts of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNPAID PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,653.85	\$8,653.85

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.60	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s459	JENKINS, KRYSTAL 120 MERRITT DRIVE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$558.63	\$558.63
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,200.50	\$1,200.50
s621	JENNIFER TROISE 101 MILLER SPRINGS DR MOORE, SC 29369	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,653.85	\$8,653.85
s407	JESSICA BELL 210 CREEK FALLS XING EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.63	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,700.85	\$4,700.85
s461	JILL KESSLER 109 WINDSONG COURT ANDERSON, SC 29621	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.64	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s442	JOHN HAAS 109 PEPPERWOOD DRIVE GREENVILLE, SC 29611	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,326.94	\$4,326.94
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$823.05	\$823.05
s460	JUSTICE, RAGEN 508 TARRANT STREET CENTRAL, SC 29630	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,225.96	\$1,225.96
s475	KATHY MOTES 260 BALLANTYNE COMMON CIRCLE APT. 204 HENDERSONVILLE, NC 28792	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.67	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,396.64	\$3,396.64
s462	KING, NATASHA 2784 CRICKINTREE LANE DARLINGTON, SC 29532	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.68	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s463	KING, SHEMA 706 FOUNTAINBROOK LN FOUNTAIN INN, SC 29644	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$636.30	\$636.30
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$114.92	\$114.92
s464	LANCASTER, MEGAN 36 RIDGE TOP ACRES CANDLER, NC 28715	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$256.75	\$256.75
s465	LAWTON, DESTINY 1834 WESTRIDGE BLVD CONWAY, SC 29527	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.71	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$900.60	\$900.60
s466	LEE, KELLY PO BOX 271 VANCE, SC 29163	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.72	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s622	LINDA SULLIVAN 115 ODELL RD LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$468.00	\$468.00
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.73	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6,089.74	\$6,089.74
s422	MARY COX 20 CHARTWELL CT SUMTER, SC 29154	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.74	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$91.13	\$91.13
s467	MCGOWENS, MAKENZIE 447 LATHAM ROAD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.75	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$244.62	\$244.62
s468	MCKINNEY, LISA 210 WINCHEST DRIVE CENTRAL, SC 29630	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.76	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s623	MICHELE THOMSON 963 MT SHOALS RD ENOREE, SC 29335	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$897.05	\$897.05
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$50.82	\$50.82
s469	MILES, TONYA 113 SHELBY DRIVE PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$272.96	\$272.96
s470	MILLER, JAKAILA 129 NORFOLK CIRCLE ANDERSON, SC 29625	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.79	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$169.83	\$169.83
s471	MILLER, KAITLYN 716 MEECE MILL ROAD PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.80	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s472	MOODY, KELSEY 964 G W WHITMIRE ROAD ROSMAN, NC 28772	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$129.36	\$129.36
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$87.78	\$87.78
s473	MOSES, ANGELA 100 PRINCETON DR EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$122.78	\$122.78
s474	MOSS, KESHIA 312 TERILYN COURT GREENVILLE, SC 29611	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.83	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$293.76	\$293.76
s476	MUMFORD, ANGEL 621 ASPEN ST FLORENCE, SC 29501	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.84	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s477	MUNEZA, SERAPHINE 5300 AUGUSTA RD APT 81 GREENVILLE, SC 29605	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$823.37	\$823.37
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,744.00	\$1,744.00
s478	NEWCOMER, JOANNA 18 MONTFORD CT TRAVELERS REST, SC 29690	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$123.52	\$123.52
s479	NEWMAN, MELANIE 121 GRANT STREET EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.87	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$9,254.81	\$9,254.81
s773	O'QUINN, JOSEPH 12 KETTERING COURT EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.88	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s480	OUELLETTE, CHRISTINE 7 STONO DRIVE GREENVILLE, SC 29609	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,112.98	\$9,112.98
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.89	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$507.08	\$507.08
s481	PARKER, SYLNOVIA 457 MOORER RD SAINT MATTHEWS, SC 29135	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.90	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$130.00	\$130.00
s626	PATRICIA MINTLINE 251 HICKS DR INMAN, SC 29349	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.91	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,190.34	\$1,190.34
s482	PATTERSON, BRANDON 7 SANDRINGHAM ROAD TAYLORS, SC 29687	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.92	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s483	PERKINS, CAROLINE 433 HUNTER MILL RD LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$436.50	\$436.50
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.93	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$630.50	\$630.50
s484	PHILLIPS, CASSIE 210 DANIEL STREET ANDERSON, SC 29625	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.94	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,853.25	\$1,853.25
s485	POSTON, MARIAN 119 COPPERMINE DRIVE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.95	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$225.44	\$225.44
s486	RAMSAY, JILLIAN 115 C DEERFIELD CT EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.96	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s380	RE - BLAKE LECHE - KONIG DM, LLC 109 WAVERLY HALL LN SIMPSONVILLE, SC 29681	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,615.39	\$9,615.39
	Date or dates debt was incurred 8/16/2019	Basis for the claim: 1099 SALARY		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$176.54	\$176.54
s487	REYNOLDS, DANIELLE 116 WOODWARD WAY EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6,057.69	\$6,057.69
s488	RICHARDS, DAWN 126 MORNING LAKE DRIVE MOORE, SC 29369	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.99	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$651.27	\$651.27
s489	RICHEY, DIANNA 200 WHITMIRE ROAD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.100	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s490	RIGDON, JENNIFER 5209 SLATER RD ANDERSON, SC 29621	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$46.00	\$46.00
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12,850.00	\$12,850.00
s491	ROGERS, DAVID 143 RICE'S CREEK CHURCH ROAD LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$20.57	\$20.57
s492	SALAS, BEATRIZ 50 BELLWOOD FARM LANE GREENVILLE, SC 29607	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.103	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$53,400.00	\$53,400.00
s379	SC DEPARTMENT OF REVENUE WITHHOLDING - EFT WITHHOLDING COLUMBIA, SC 29214-0004	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/31/2017	Basis for the claim: STATE WITHHOLDING TAXES		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.104	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s493	SHEPPARD, SHERON 105 HADDINGTON DR COLUMBIA, SC 29229-8786	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,730.79	\$2,730.79
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$106.20	\$106.20
s494	SILVA, CHRISTIANNA 1013 SIOUX ST ANDERSON, SC 29625	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,305.36	\$1,305.36
s495	SIMS, ELIZABETH 124 PALM BRANCH WAY ANDERSON, SC 29621	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.107	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,100.01	\$2,100.01
s498	SMITH, RITA 125 QUIET LN EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.108	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s496	SMITH, ROSA 7903 E NATIONAL CEMETARY RD FLORENCE, SC 29506	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$306.30	\$306.30
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,024.02	\$3,024.02
s499	SPINELLI, MICHAEL 128 WILSHIRE DRIVE GREENVILLE, SC 29609	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$638.40	\$638.40
s500	STERLING, KRISTEN 217 BARRED OWL DRIVE FOUNTAIN INN, SC 29644	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.111	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$213.40	\$213.40
s501	STONELL, ELIZABETH 801 OLD LIBERTY RD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.112	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s502	SULLIVAN, SARAH 376 HUNTS BRIDGE ROAD FOUNTAIN INN, SC 29644	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$95.64	\$95.64
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.113	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$404.94	\$404.94
s504	TAYLOR, AMANDA 2572 HILLDALE DR SUMTER, SC 29154	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.114	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$391.30	\$391.30
s505	TELLIS, GLORIA 2069 PHILADELPHIA ST DARLINGTON, SC 29532	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.115	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$375.44	\$375.44
s506	THARP, JESSICA 150 BROOKSTONE DRIVE EASLEY, SC 29642	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.116	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s508	VANDEKERKHOVE, AMANDA 105 CONE RIDGE DRIVE EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$275.40	\$275.40
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.117	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$146.30	\$146.30
s509	VANDETTE, AMBER 104 DEERLAND DRIVE PIEDMONT, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.118	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$236.64	\$236.64
s510	VASQUEZ, GINA 18 LA JUAN DR GREENVILLE, SC 29617	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.119	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$36.16	\$36.16
s630	VERISA HOGLEN 285 PISGAH VIEW RD ASHEVILLE, NC 28806	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.120	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s511	WALTERS, DEDRA 639 BESSIE RD PIEDMONT, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$960.64	\$960.64
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$17.36	\$17.36
s512	WATTS, ROXIE 1741 SHAW ROAD WOODRUFF, SC 29388	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,756.23	\$1,756.23
s513	WEAVER, MICHAEL 118 TREEBROOKE DR GREENVILLE, SC 29607	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.123	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,114.20	\$1,114.20
s514	WIGGINS, HEATHER 1935 MCCLELLAN STREET FLORENCE, SC 29505	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.124	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s515	WILHIDE, BETH 130 FREDRICKSBURG WAY COLUMBIA, SC 29210	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$151.64	\$151.64
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.125	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$107.53	\$107.53
s631	WILLIAM GRAY 209 RIVERBREEZE RD GREENVILLE, SC 29611	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.126	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$34.16	\$34.16
s516	WILLIAMS, MILLICENT 1323 DEENA LANE FLORENCE, SC 29506	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.127	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$233.40	\$233.40
s517	WILSON, ASHLEY 3633 WEST GEORGIA RD PELZER, SC 29669	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.128	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s518	WILSON, CHRISSIE 108 FOREST DR LIBERTY, SC 29657	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$233.40	\$233.40
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,461.54	\$8,461.54
s429	WOODWARD DIXON 515 DOODLE HILL ROAD ST. MATTHEWS, SC 29135	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$952.00	\$952.00
s519	ZALDIVAR, JOCELYN 5530 TERRI DRIVE MYRTLE BEACH, SC 29588	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred Various	Basis for the claim: UNPAID PTO		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,579.00
s529	ABBOTT (FKA ST. JUDE) 22400 NETWORK PLACE CHICAGO, IL 60673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,555.53
s612	ACCENT PO BOX 952366 ST. LOUIS, MO 63195-2366	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,966.89
s530	ACCOMTEMP - ROBERT HALF 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: CONSULTING	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$195.00
s794	ACCURATE DIAGNOSTICS 1635 E NORTH STREET GREENVILLE, SC 29607	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$40.06
s531	ADT - 1108 M-AND - EFT PO BOX 371878 PITTSBURGH, PA 15250-7878	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$48.72
s776	ADT - 2049 GR-GV - EFT PO BOX 371878 PITTSBURGH, PA 15250-7878	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 2049	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$90.42
s777	ADT - 7420 25 H-ARD - EFT PO BOX 371878 PITTSBURGH, PA 15250-7878	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,150.35
s532	AGILENT TECHNOLOGIES, INC. 4187 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 2576	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$908.88
s533	AIRGAS USA, LLC - 2865184 PO BOX 734672 DALLAS, TX 75373	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 5184	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$458.72
s534	AIRGAS USA, LLC - 2900062 PO BOX 734672 DALLAS, TX 75373	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0062	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,143.79
s535	ALFONSO INTERPRETING & TRANSPORTING INC PO BOX 27309 GREENVILLE, SC 29616-2204	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$870.83
s536	ALHAMBRA US 8 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$52,711.00
s537	ALLERGAN USA, INC. 12975 COLLECTIONS CENTER DR CHICAGO, IL 60693-0129	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 9696	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$148,000.00
s538	ALLSCRIPTS LLC --6688 (FLORENCE)- EFT 24630 NETWORK PLACE CHICAGO, IL 60673-1246	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 6688	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s918	ALY ELLEITHEE C/O JANET, JANET & SUGGS, LLC GERALD DRAYTON JOWERS, JR 500 TAYLOR ST., STE 301 COLUMBIA, SC 29201	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION ELLEITHEE V. SOLIS	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$69,406.92
s539	AMERICAN EXPRESS 1101 PO BOX 650448 DALLAS, TX 75265-0448	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$361.18
s353	AMFIRST INSURANCE COMPANY PO BOX 211747 EAGAN, MN 55121-3711	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$29,642.50
s540	ARNALL GOLDEN GREGORY LLP - #32386 171 17TH STREET NW SUITE 2100 ATLANTA, GA 30363	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$41.50
s542	ASHEVILLE FIRE PROTECTION CO., INC. PO BOX 6798 ASHEVILLE, NC 28816	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$713.34
s675	AT&T- FIRST CHOICE LAB EFT PO BOX 5019 CAROL STREAM, IL 60197-5019	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$54.55
s354	AUSA MASTERCARE GROUP INSURANCE PO BOX 1868 GRAPEVINE, TX 76099-1868	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$28.63
s614	BCBS OF NC FINANCIAL PROCESSING SERVICES PO BOX 30048 DURHAM, NC 27702	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,123.36
s613	BCBS ATTN: REFUNDS PO BOX 6000 COLUMBIA, SC 29260-6000	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$290.83
s615	BCBSSC ATTN: LOCKBOX, AX-A31 I-20 E AT ALPINE RD COLUMBIA, SC 29219-0001	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$5,790.00
s643	BHHS JOHN M BRABHAM REAL ESTATE DAVIS PROPERTIES 1081 ALICE DRIVE SUMTER, SC 29151	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,335.42
s544	BIOCHEMICAL DIAGNOSTICS, INC 180 HEARTLAND BOULEVARD EDGEWOOD, NY 11717	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0900	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$31,500.00
s545	BIOVENTUS LLC PO BOX 732823 DALLAS, TX 75373-2823	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s955	BLAKE LECHE DUNLAEVY LAW FIRM C/O JEFFREY P. DUNLAEVY 37 VILLA RD., STE. 440 GREENVILLE, SC 29615	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION LECHE V. EMERGENCYMD LLC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$169.13
s355	BOON ADMINISTRATIVE SERVICES ATTN CLAIMS AUSTIN, TX 78755	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,770.74
s546	BOSTON SCIENTIFIC CORP--#169041 - EASLEY PO BOX 951653 DALLAS, TX 75395-1653	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 9041	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$107.06
s547	BOSTON SCIENTIFIC CORP--#169768 GROVE PO BOX 951653 DALLAS, TX 75395-1653	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 9768	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,452.84
s548	BOSTON SCIENTIFIC CORP--#386416 - MB PO BOX 951653 DALLAS, TX 75395-1653	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 6416	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s920	BRANDY KNIGHT C/O BLUESTEIN THOMPSON SULLIVAN, LLC ALLISON PAIGE SULLIVAN PO BOX 7965 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$769.40
s549	BULLINGTON ASSOCIATES INC. 4240 N BLACKSTOCK ROAD SPARTANBURG, SC 29301	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,419.12
s550	CADWELL LABORATORIES, INC. 909 N KELLOGG ST KENNEWICK, WA 99336	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 3725	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,447.19
s617	CAINE & WEINER PO BOX 5010 WOODLAND HILLS, CA 91365-5010	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s921	CATHERINE THOMPSON AS PERSONAL REPRESENTATIVE C/O WILLIAM J TUCK, P A FOR THE ESTATE OF REBECCA MAYHEW CASSIDY WILLIAM J TUCK PO BOX 933 DARLINGTON, SC 29540 Date or dates debt was incurred Last 4 digts of account number	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION CASSIDY V. SOLIS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$13,118.00
s644	CCP HARBINGER, LLC - FCH LAB C/O COMMONWEALTH COMMERICAL PARTNERS, LLC PO BOX 71150 RICHMOND, VA 23225 Date or dates debt was incurred Various Last 4 digts of account number	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12,445.20
s551	CERILLIANT CORPORATION 811 PALOMA DRIVE, SUITE A ROUND ROCK, TX 78665 Date or dates debt was incurred Various Last 4 digts of account number 3105	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$386.77
s676	CITY OF ASHEVILLE WATER BILL ACCT# 0078 PO BOX 733 ASHEVILLE, NC 28802-0733 Date or dates debt was incurred Various Last 4 digts of account number	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s956	CITY OF CHARLESTON ADDRESS UNAVAILABLE AT TIME OF FILING	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION CITY OF CHARLESTON V. PURDUE PHARMA LO., ET AL	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$248.10
s677	CITY OF FLORENCE -8471 CC CITY SERVICES BILL PO BOX 602756 CHARLOTTE, NC 28260-2756	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number 1491	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$360.00
s553	CLIA LABORATORY PROGRAM PO BOX 3056 PORTLAND, OR 97208-3056	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$833.93
s554	CLINT PHARMACEUTICALS 629 SHUTE LANE OLD HICKORY, TN 37138	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 0509	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$73.42
s778	CMI INC 2090 RELIABLE PARKWAY CHICAGO, IL 60686	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$81,373.96
s555	CMS IMAGING, INC. 4050 AZALEA DR NORTH CHARLESTON, SC 29405	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 4825	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$578.88
s563	COMCAST PO BOX 105257 ATLANTA, GA 30348-5257	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 01-2	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$400.00
s582	COMPANION (MCGEE) PO BOX 100102 COLUMBIA, SC 29202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,088.00
s556	COMTRON, INC. 11 GRACE AVE SUITE 208 GREAT NECK, NY 11021	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$878.86
s557	CONCUR / BAMBORA 62157 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s922	COUNTY OF GREENVILLE C/O HARRISON WHITE, PC JOHN B WHITE, JR 178 W MAIN ST. SPARTANBURG, SC 29306	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION COUNTY OF GREENVILLE V. RITE AID OF SC, INC.	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$30.00
s558	COVERYS (MALPRACTICE) PO BOX 981024 BOSTON, MA 02298	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 3997	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.53	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s108	CREEKRIDGE CAPITAL, LLC 7808 CREEKRIDGE CIRCLE SUITE 250 MINNEAPOLIS, MN 55439-2647	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred 8/25/2014	Basis for the claim: TRADE DEBT	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$40.85
s559	CRYSTAL SPRINGS - 11357 - M-AND - EFT PO BOX 660579 DALLAS, TX 75266-0579	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 1357	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$413.92
s560	CRYSTAL SPRINGS VARIOUS PO BOX 660579 DALLAS, TX 75266-0579	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 6528	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$948.70
s561	CSP INSURANCE SERVICES 2420 HOFFMEYER RD, SUITE D FLORENCE, SC 29501	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.57	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,395.00
s639	CUSTOM INDOOR SERVICES (CLEANING) 106 SHERBERT COURT SPARTANBURG, SC 29303	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s923	DAVID BRUCE COFFEY C/O CLINCH RIVER LAW, PLLC ROBERT DZIEWULSKI 300 MARKET ST. CLINTON, TN 37716	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION COFFEY V. COFFEY FAMILY MEDICAL, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s954	DIXON BOARD OFFICE OF INVESTIGATIONS ATTN: CARMEN FELTON-BARNER SC DEPT. OF LABOR LICENSING & REGULATION P.O. BOX 11329 COLUMBIA, SC 29211-1329	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION DIXON BOARD COMPLAINT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$497.46
s679	DOMINION ENERGY - 0386 (HIGHLAND) EFT PO BOX 100255 COLUMBIA, SC 29202-3255	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 0386	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.61	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$947.68
s678	DOMINION ENERGY-COLA NE 1414 (SCE&G) PO BOX 100255 COLUMBIA, SC 29202-3255	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s926	DONNA RAUCH C/O BLUESTEIN THOMPSON SULLIVAN, LLC ALLISON PAIGE SULLIVAN PO BOX 7965 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s925	DONNA RAUCH C/O ROTHSTEIN LAW FIRM, P A DAVID E ROTHSTEIN 1312 AUGUSTA ST. GREENVILLE, SC 29605	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION RAUCH V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$11,258.27
s645	DOUBLE DUTCH - MYRTLE BEACH 1801 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28403	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,688.35
s684	DUKE ENERGY - 2942-GR-GV EFT PO BOX 70516 CHARLOTTE, NC 28272-0516	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 2942	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$14.86
s683	DUKE ENERGY --0272 M-AND EFT PO BOX 70515 CHARLOTTE, NC 28272-0516	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$850.72
s685	DUKE ENERGY PROGRESS-4782-ARDEN PO BOX 1003 CHARLOTTE, NC 28201	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 4782	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,754.20
s686	DUKE ENERGY PROGRESS-6321-FLO EFT PO BOX 1003 CHARLOTTE, NC 28201-1003	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 6321	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.69	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,092.29
s680	DUKE ENERGY---1408 M-AND EFT PO BOX 70516 CHARLOTTE, NC 28272-0516	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 1408	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$221.69
s682	DUKE ENERGY-3267-RICK ERWIN APT EFT	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$467.14
s681	DUKE ENERGY---6376 GR-GV EFT PO BOX 70516 CHARLOTTE, NC 28272-0516	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,314.51
s687	EASLEY COMB UTILITIES-64622001-BC-ES EF PO BOX 619 EASLEY, SC 29641-0619	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 2001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.73	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$21,019.16
s564	ECLINICAL WORKS, LLC (ECW) PO BOX 847950 BOSTON, MA 02284-7950	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 4142	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$79.35
s688	ELECTRIC CITY UTILITIES CC CITY OF ANDERSON PO BOX 63061 CHARLOTTE, NC 28263	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,591.00
s565	ELECTRODE STORE, THE PO BOX 188 ENUMCLAW, WA 98022	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,445.16
s566	ELLIOTT DAVIS DECOSIMO, LLC-AUDIT PO BOX 6286 GREENVILLE, SC 29606-6286	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: ACCOUNTING SERVICES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.77	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,100.00
s567	ELLIOTT DAVIS DECOSIMO, LLC-TAX PO BOX 6286 GREENVILLE, SC 29606-6286	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: ACCOUNTING SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$667.50
s568	EMPLOYMENT SCREENING SERVICES, INC DEPT K, PO BOX 830520 BIRMINGHAM, AL 35283	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$60.00
s569	EVER GREEN ENVIROMENTAL, LLC PO BOX 25627 GREENVILLE, SC 29616	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,711.13
s570	EXPERIAN HEALTH, INC.-BILLING PO BOX 886133 LOS ANGELOS, CA 90088-6133	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.81	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$18,768.75
s571	FAGRON STERILE SERVICES (JCB) 8710 E 34TH ST. N WICHITA, KS 67226	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,025.00
s572	FIBRENEW 117 BOARDWALK RUN ROCK HILL, SC 29732	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$13,485.87
s573	FIRST CITIZENS BANK-VISA PO BOX 63038 CHARLOTTE, NC 28263-3038	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,679.98
s574	FISHER SCIENTIFIC ACCOUNT #038451-001 PO BOX 404705 ATLANTA, GA 30384-4705	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 8451	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$11.87
s618	FORETHOUGHT PO BOX 16500 CLEARWATER, FL 33766-6500	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s953	FORGIONE C/O DAVID GOULD DASH & ASSOCS. ATTN: MOLLY ROWAN ONE LIBERTY PLAZA, 165 BROADWAY, FL. 23 NEW YORK, NY 10006	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION FORGIONE PATIENT COMPLAINT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$155.87
s576	GARFIELD SIGNS & GRAPHICS, LLC 203 FORD STREET GREER, SC 29650	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$727,931.70
s779	GE HEALTHCARE IITS USA CORP 15724 COLLECTIONS CENTER DR CHICAGO, IL 60693	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$201,943.55
s577	GE HEALTHCARE-CHICAGO (SOFTWARE & TRAININ C/O OEC MEDICAL SYSTEMS INC. 2984 COLLECTIONS CENTER DR CHICAGO, IL 60693	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 5403	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$164.99
s619	GEHA PO BOX 410014 KANSAS CITY, MO 64179-9775	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s927	GEORGETOWN PHYSICIAN SERVICES LLC C/O NELSON MULLINS RILEY & SCARBOROUGH LLP SUSAN P MACDONALD PO BOX 3939 MYRTLE BEACH, SC 29578	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION GEORGETOWN PHYSICIAN SERVICES V. SNODERLY	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,626.73
s575	G-FIVE, INC. 297-H GARLINGTON RD GREENVILLE, SC 29615	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,460.00
s646	GREAT HERON - W COLUMBIA EFT FRANK HAHNE 208 BARNACLE CIRCLE LEXINGTON, SC 29072	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,952.25
s578	GREENVILLE OFFICE SUPPLY (GOS) PO BOX 3358 GREENVILLE, SC 29602	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.95	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$28.94
s689	GREENVILLE WATER- RICK ERWIN APT- CC PO BOX 687 GREENVILLE, SC 29602-0687	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$211.83
s690	GREENVILLE WATER SYSTEM-5250-GR-GV CC PO BOX 687 GREENVILLE, SC 29602-0687	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 5250	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.97	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6.78
s691	GREENVILLE WATER SYSTEM-5252- GR-GV CC PO BOX 687 GREENVILLE, SC 29602-0687	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number 5252	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$151,047.42
s647	GROVE 1005 - GROVE RD GREENVILLE 25 AIRPARK COURT GREENVILLE, SC 29607	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$5,906.09
s579	HALYARD SALES, LLC (AVANOS) PO BOX 732583 DALLAS, TX 75373-2583	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$200.00
s580	HATCHELL LANDSCAPE-FLO PO BOX 5320 FLORENCE, SC 29502	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$65,930.06
s581	HENRY SCHEIN- 4636 - EFT PO BOX 371952 PITTSBURG, PA 15250-7952	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 4636	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$217.04
s780	HERALD 16297 (FLORENCE) PO BOX 1288 DILLON, SC 29536	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12,377.66
s648	HIGHLAND CENTER DRIVE-COLUMBIA C/O TRINITY PARTNERS MANAGEMENT - AR 440 S CHURCH ST, STE 800 CHARLOTTE, NC 28202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$299.79
s620	HUMANA GOLD CHOICE PO BOX 14601 LEXINGTON, KY 40512-4601	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,034,223.00
s585	HURON CONSULTING SERVICES, LLC (DEFERRED) 4795 PAYSPHERE CIRCLE CHICAGO, IL 60674	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: CONSULTING	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$49,367.00
s584	HURON CONSULTING SERVICES, LLC 4795 PAYSPHERE CIRCLE CHICAGO, IL 60674	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: CONSULTING	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$150,000.00
s586	IMAGING SOLUTIONS, INC. 3223 32ND AVE S, STE 201 FARGO, ND 58103-6278	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LITIGATION JUDGMENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,865.40
s587	IMCS INTEGRATED MICRO-CHROMATOGRAPHY SYST 110 CENTRUM DRIVE IRMO, SC 29063	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$274,076.00
s649	INFINITY ENTERPRISES - FLORENCE C/O DR DEAN BANKS 9303 VENEZIA CIRCLE MYRTLE BEACH, SC 29579	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,800.00
s589	INTEGRA PAIN MANAGEMENT PO BOX 100416 ATLANTA, GA 30384	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$5,100.00
s782	ION TECHNOLOGY SUPPORT INC 1204 COPELAND OAKS DRIVE MORRISVILLE, NC 27560	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.112	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$315.04
s590	IRON MOUNTAIN - SC77X PO BOX 27128 NEW YORK, NY 10087-7128	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$290.54
s591	IRON MOUNTAIN - SC826-SHRED (SUMTER) PO BOX 27128 NEW YORK, NY 10087	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,134.02
s592	IRON MOUNTAIN - SR995-STORAGE PO BOX 27128 NEW YORK, NY 10087-7128	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,000.00
s787	JAMES EARLE'S CLEANING SERVICE(1099) PO BOX 251 SANDY SPRINGS, SC 29677	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$520.56
s593	JANT PHARMACAL 16530 VENTURA BLVD SUITE 512 ENCINO, CA 91436	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.117	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$749.73
s594	JOHNSON CONTROLS SECURITY SOLUTIONS PO BOX 371967 PITTSBURGH, PA 15250-7967	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,867,873.44
s595	JONES DAY 1420 PEACHTREE STREET, N E , SUITE 800 ATLANTA, GA 30309	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s929	KONIG PM LLC C/O DUNLAEVY LAW FIRM JEFFREY P DUNLAEVY 37 VILLA RD , STE 440 GREENVILLE, SC 29615	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION LECHE V. EMERGENCYMD LLC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$5,453.58
s596	KUDZU STAFFING, INC. PO BOX 51627 POWDERSVILLE, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.121	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,931.86
s597	LABTECH DIAGNOSTICS 1502 E GREENVILLE STREET ANDERSON, SC 29621	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.122	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,817.54
s583	LINCOLN NATIONAL LIFE-DENTAL PO BOX 0821 CAROL STREAM, IL 60132	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 7420	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,340.00
s598	LIPOMED 150 CAMBRIDGE PARK DRIVE SUITE 705 CAMBRIDGE, MA 02140	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s930	LUCIOUS DANA SAPP C/O PARHAM SMITH & ARCHENHOLD, LLC ASHLEE EDWARDS WINKLER 15 WASHINGTON PARK GREENVILLE, SC 29601	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION SAPP V. FIRSTCHOICE HEALTHCARE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.125	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,106.00
s650	LUTHERAN SERVICES - ARDEN, NC ATTN: KIRBY NICKERSON PO BOX 947 SALISBURY, NC 28145	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,138.00
s599	MAG MUTUAL INSURANCE AGENCY, LLC PO BOX 52979 ATLANTA, GA 30355-0979	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.127	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12.64
s356	MAGNACARE PO BOX 1001 GARDEN CITY, NY 11530	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2.13
s600	MARION DAVIS INC. PO BOX 2429 EASLEY, SC 29641-2429	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s931	MARLENE SAPP C/O PARHAM SMITH & ARCHENHOLD, LLC ASHLEE EDWARDS WINKLER 15 WASHINGTON PARK GREENVILLE, SC 29601	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION SAPP V. FIRSTCHOICE HEALTHCARE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$49,533.68
s651	MARY BLACK HEALTH - SPARTANBURG SRHS-ACCOUNTING ATTN: DANA HORTON SPARTANBURG, SC 29303	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$50,725.00
s601	MCGUIREWOODS LLP ATTN: ACCOUNTS RECEIVABLE 800 E CANAL STREET RICHMOND, VA 23219-3916	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$847.91
s602	MCKESSON MEDICAL-SURGICAL PO BOX 634404 CINCINNATI, OH 45263-4404	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 6784	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.133	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,942.50
s783	MEDICAL LABORATORY SOLUTIONS, INC. 270 RUTLEDGE RD, STE D FLETCHER, NC 28732	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$276.77
s357	MEDIPLUS PO BOX 9126 DES MOINES, IA 50306	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$37,335.36
s603	MEDTRONIC INC. USA PO BOX 409201 ATLANTA, GA 30384-9201	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$125.00
s604	MP COMPUTER SYSTEMS INC PO BOX 5752 FLORENCE, SC 29502	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.137	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$306.58
s624	MSA CARE GUARD PO BOX 827 BURLINGTON, MA 01803	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.138	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s932	MURIEL CALHOUN C/O BLUESTEIN THOMPSON SULLIVAN, LLC ALLISON PAIGE SULLIVAN PO BOX 7965 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.139	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,920.00
s605	MY WEB NINJA LLC 400 W LEGION BLVD OWENSBORO, KY 42303	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.140	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$166.06
s358	NALC - CIGNA PO BOX 188004 CHATTANOOGA, TN 37422	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$7,507.50
s606	NELSON MULLINS RILEY&SCARBOROUGH LLP EFT 104 SOUTH MAIN STREET NINTH FLOOR GREENVILLE, SC 29601	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.142	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s951	NORMA LEE WILSON C/O GEORGE BROWN LOWE YEAGER & BROWN PLCC 900 S. GAY ST., STE. 2102 KNOXVILLE, TN 37902	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION WILSON V. LOWE	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$22,579.09
s607	OGLETREE DEAKINS PO BOX 89 COLUMBIA, SC 29202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6,124.80
s608	OTIS ELEVATOR COMPANY PO BOX 73579 CHICAGO, IL 60673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 1644	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,722.31
s625	PALMETTO GBA/MEDICARE - SC FINANCE & ACCOUNTING PO BOX 100246 COLUMBIA, SC 29202-3280	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$549.16
s627	PERMA PO BOX 183188 COLUMBUS, OH 43218	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,943.34
s609	PHENOMENEX 411 MADRID AVENUE TORRANCE, CA 90501-1430	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$131.82
s692	PIEDMONT NATURAL GAS-7002-ANDERSON EFT PO BOX 1246 CHARLOTTE, NC 28201-1246	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,302.72
s628	PIONEER CREDIT RECOVERY PO BOX 979113 SAINT LOUIS, MO 63197-9000	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,131.26
s610	PLATINUM CODE 8095 215TH STREET W LAKEVILLE, MN 55044	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1.91
s359	PLUMBERS AND PIPEFITTERS PO BOX 840 MACON, GA 31202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.152	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$85.86
s611	PMD - LAKESIDE 209 DEPOT STREET SUITE B GREER, SC 29651	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.153	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8.73
s360	POMCO PO BOX 118 SYRACUSE, NY 13206	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$5,852.25
s632	PRACTICE DIAGNOSTIC SYSTEMS, LLC (PDS) PRACTICAL DATA SOLUTIONS 33 BULLET HILL RD SOUTHBURY, CT 06488	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,347.46
s633	PRAXAIR, INC - 76578884-EQUIP LEASE PO BOX 120812 DEPT 0812 DALLAS, TX 75312-0812	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 8884	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$38.92
s634	PRAXAIR, INC. - 71713891 SHARE LS PO BOX 120812 DEPT 0812 DALLAS, TX 75312-0812	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 3891	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.157	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$723.74
s784	PRINTTEK 57 BATESVILLE COURT GREER, SC 29650	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$255.00
s636	PRIORITY ONE SECURITY-GROVE PO BOX 602577 CHARLOTTE, NC 28260-2577	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$8,787.28
s785	PURCHASE POWER - 0962-0380 CORP EFT PO BOX 371874 PITTSBURGH, PA 15250-7874	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0380	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$117.70
s637	PYE-BARKER FIRE AND SAFETY LLC PO BOX 69 ROSEWELL, GA 30077	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.13
s361	QUALCARE, INC PO BOX 249 PISCATAWAY, NJ 08855-0241	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,231.32
s786	QUARTZY, INC. DEPT 3895 PO BOX 123895 DALLAS, TX 75312-3895	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$181.27
s642	READYREFRESH BY NESTLE PO BOX 856192 LOUISVILLE, KY 40285-6192	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$75.00
s640	REFLECTIONS MAINTENANCE SERVICES INC PO BOX 2105 LEICESTER, NC 28748	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$477.73
s638	REGISTERED AGENT SOLUTIONS INC 1701 DIRECTORS BLVD SUITE 300 AUSTIN, TX 78744	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 2695	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$25,000.00
s653	RMG - OSTEOARTHRITIS CENTERS OF AMER OSTEOARTHRITIS CENTERS OF AMERICA 1937 WEST PALMETTO ST. FLORENCE, SC 29501	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s933	ROBERT MATHEWSON C/O LOUTHIAN LAW FIRM, P A HERBERT W LOUTHIAN, JR PO BOX 1299 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$6,650.00
s652	ROBERTS DEVELOPMENT - ANDERSON PO BOX 393 ANDERSON, SC 29622	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: RENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.169	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown
s788	ROBINSON BRADSHAW & HINSON, P A 101 N TRYON STREET SUITE 1900 CHARLOTTE, NC 28246	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.170	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,950.00
s641	ROJAS LANDSCAPING, LLC (1099) 228 OLD CEDAR ROCK RD EASLEY, SC 29640	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.171	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,526.57
s654	SAFETY-KLEEN SYSTEMS, INC. PO BOX 650509 DALLAS, TX 75265-0509	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number 5078	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.172	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$772.11
s693	SANTEE COOPER-393782 EFT PO BOX 188 MONCKS CORNER, SC 29461-0188	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number 0000	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.173	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$450.00
s655	SC DEPARTMENT OF HEALTH & ENVIRONMENTAL PO BOX 100103 COLUMBIA, SC 29202-3103	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$100.00
s656	SCRUB SHOP, THE 1000 N PINE ST #4 SPARTANBURG, SC 29303	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$437.00
s657	SE CONSTRUCTION, LLC PO BOX 428 PIEDMONT, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$210.00
s658	SECURITY CENTRAL PO BOX 602371 CHARLOTTE, NC 28260-2371	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0060	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.177	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,112.00
s659	SELECT LABORATORY - SC PO BOX 13030 GREENSBORO, NC 27415	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,423.38
s362	SFM RISK SOLUTIONS PO BOX 9416 MINNEAPOLIS, MN 55440	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,335.80
s660	SHAUL LAW 3330 CUMBERLAND BLVD SE SUITE 925 ATLANTA, GA 30339	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.180	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$180.00
s662	SHRED A WAY - 25H-ARD PO BOX 161732 BOILING SPRINGS, SC 29316	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.181	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$100.00
s663	SHRED A WAY - S-SP PO BOX 161732 BOILING SPRINGS, SC 29307	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,648.00
s661	SHRED A WAY-OMC& ALL PO BOX 51132 PIEDMONT, SC 29673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$613.73
s664	SHRED IT 28883 NETWORK PLACE CHICAGO, IL 60673	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$704.70
s665	SHUR SHRED PO BOX 6776 FLORENCE, SC 29502	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.185	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$49,986.86
s666	SMITH JORDAN & LAVERY PA 18-0329E PO BOX 1207 EASLEY, SC 29641	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: LEGAL SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.186	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3.32
s667	SMITH, JORDAN & LAVERY, PA ATTN: GRADY JORDAN PO BOX 1207 EASLEY, SC 29641	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.187	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$39.57
s363	SOUTHERN GUARANTY INS COMPANY PO BOX 14770 LEXINGTON, KY 40512-4000	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.188	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,371.78
s364	SPECIAL FUNDS 60 E 42ND ST NEW YORK, NY 10165-2799	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.189	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$157.35
s668	SPECTRIO PO BOX 890271 CHARLOTTE, NC 28289-0271	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.190	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,888.29
s694	SPECTRUM BUSINES - MAIN CONTROL ACCOUNT PO BOX 742614 CINCINNATI, OH 45274-2614	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$399.00
s696	SPECTRUM BUSINESS -GROVE - 2319 EFT PO BOX 742614 CINCINNATI, OH 45274	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.192	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,265.36
s695	SPECTRUM BUSINESS- MAIN CONTROL 1901 PO BOX 70872 CHARLOTTE, NC 28272-0872	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 1901	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.193	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$108.00
s669	STANFORD DOSIMETRY LLC 1204 RAYMOND ST. BELLINGHAM, WA 98229	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.194	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$180.64
s789	STAPLES BUSINESS ADVANTAGE PO BOX 105638 ATLANTA, GA 30348-5638	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.195	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s934	STATE OF GEORGIA EX REL TERRI NIX C/O OFFICE OF THE ATTORNEY GENERAL SARA ELIZABETH VANN GEORGIA MEDICAID FRAUD CONTROL UNIT 200 PIEDMONT AVE. SE, WEST TOWER, FL 19 ATLANTA, GA 30334	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. UNITED BIOLOGICS, LLC D.B.A. UNITED ALLERGY SERVICES F.K.A. UNITED ALLERGY LABS	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.196	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s935	STEPHANIE WEBB C/O RICHARDSON PLOWDEN & ROBINSON, P A C CLIFFORD ROLLINS PO BOX 7788 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION WEBB V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.197	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$197.38
s670	STERICYCLE INC-8270496 PO BOX 6582 CAROL STREAM, IL 60197-6582	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0496	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.198	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,490.69
s671	STERICYCLE INC-8290165 PO BOX 6582 CAROL STREAM, IL 60197-6582	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 0165	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.199	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$170.00
s790	STONE'S PEST SERVICES, LLC PO BOX 13443 FLORENCE, SC 29504	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 1041	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.200	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,828.41
s672	STRYKER SALES CORP (CACTUS) PO BOX 70119 CHICAGO, IL 60673-0119	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.201	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s936	TERRI NIX C/O BRACKER & MARCUS LLC JASON MARCUS 3225 SHALLOWFORD RD , STE 1120 MARIETTA, GA 30062	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. UNITED BIOLOGICS, LLC D.B.A. UNITED ALLERGY SERVICES F.K.A. UNITED ALLERGY LABS	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.202	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$292.75
s781	THE BENEFIT COMPANY, INC. PO BOX 211486 COLUMBIA, SC 29221	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.203	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$400.86
s365	THRIVENT PO BOX 14057 CLEARWATER, FL 33766	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.204	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$303.90
s697	TIME WARNER - HIGHLAND EFT PO BOX 70872 CHARLOTTE, NC 28272-0872	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number -001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.205	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,989.13
s673	TOTAL MEDICAL EQUIPMENT SALES INC KYLE BLACKWELL 3000 OLD ALABAMA RD 119-110 ALPHARETTA, GA 30022	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.206	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$135.23
s698	TOWN OF WAYNESVILLE CC 9 S MAIN STREET SUITE 110 WAYNESVILLE, NC 28786	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.207	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s937	TRACY HAWKINS C/O KASSEL MCVEY JOHN D KASSEL PO BOX 1476 COLUMBIA, SC 29202	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.208	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,313.75
s674	TRANSMED CO, LLC DRUG TESTING & LABORATORY SUPPLIES 1595 PEACHTREE PKWY, SUITE 204-350 CUMMING, GA 30041	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$101.15
s629	TRAVELERS INS PROPERTY CASUALTY PO BOX 4614 BUFFALO, NY 14240	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: PATIENT REFUND	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$979.50
s707	ULINE ACCOUNTS RECEIVABLE PO BOX 88741 CHICAGO, IL 60680-1741	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number 3101	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.211	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$574.93
s708	UNIFORM ADVANTAGE ATTN: ACCOUNTS RECEIVABLE PO BOX 14190 FORT LAUDERDALE, FL 33302	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.212	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s938	UNITED STATES OF AMERICA EX REL DONNA RAUCH C/O OFFICES OF THE U S ATTORNEYS ELIZABETH C WARREN MURIEL CALHOUN, AND BRANDY KNIGHT 1441 MAIN ST., STE 500 COLUMBIA, SC 29201	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.213	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s939	UNITED STATES OF AMERICA EX REL ROBERT MATHEWSON C/O OFFICES OF THE U S ATTORNEYS ELIZABETH C WARREN 1441 MAIN ST., STE 500 COLUMBIA, SC 29201	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.214	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s940	UNITED STATES OF AMERICA EX REL TERRI NIX C/O OFFICE OF THE U S ATTORNEY—ATL600 NEELI BEN-DAVID, NORTHERN DISTRICT OF GA 600 U S COURTHOUSE, 75 TED TURNER DR SW ATLANTA, GA 30303	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. UNITED BIOLOGICS, LLC D.B.A. UNITED ALLERGY SERVICES F.K.A. UNITED ALLERGY LABS	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.215	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	UNKNOWN
s941	UNITED STATES OF AMERICA EX REL TRACY HAWKINS C/O OFFICES OF THE U S ATTORNEYS ELIZABETH C WARREN 1441 MAIN ST., STE 500 COLUMBIA, SC 29201	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LITIGATION UNITED STATES V. OAKTREE MEDICAL CENTRE, PC	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.216	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$450.00
s709	UPSTATE EXTERMINATING & PEST CONTROL, INC 324 OUR ROAD PICKENS, SC 29671	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.217	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$19,530.00
s710	US COMPOUNDING 1270 DON'S LANE CONWAY, AR 72032	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.218	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,408.63
s699	VERIZON WIRELESS-9782-00001 EFT PO BOX 660108 DALLAS, TX 75266-0108	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 0001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.219	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,397.27
s711	V-SOFT CONSULTING GROUP, INC 101 BULLITT LN, STE 205 LOUISVILLE, KY 40222	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.220	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$336.78
s700	WASTE INDUSTRIES - 3843-GR-GV EFT PO BOX 791519 BALTIMORE, MD 21279-1519	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 3843	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.221	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$149.60
s701	WASTE MANAGEMENT- ARDEN - EFT PO BOX 4648 CAROL STREAM, IL 60197	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.222	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$506.24
s702	WASTE MANAGEMENT- BC-ES - EFT PO BOX 4648 CAROL STREAM, IL 60197-4648	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 1054	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.223	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$187.15
s703	WASTE MANAGEMENT- L-FLO - EFT PO BOX 4648 CAROL STREAM, IL 60197-4648	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number 72-0	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.224	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$217.78
s704	WASTE MANAGEMENT- M-AND - EFT PO BOX 4648 CAROL STREAM, IL 60197-4648	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.225	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$254.07
s705	WASTE MANAGEMENT-W COL - EFT PO BOX 4648 CAROL STREAM, IL 60197-4648	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.226	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$55.33
s366	WC BUNCH & ASSOCIATES PO BOX 32037 LAKE LAND, FL 33802-2002	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.227	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$329.46
s367	WC STATE OF CONNECTICUT 55 ELM ST HARTFORD, CT 06106-1746	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.228	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$751.86
s368	WCO BROADSPIRE/MEDCOR - WCO PO BOX 14645 LEXINGTON, KY 40512	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.229	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.02
s369	WCO CONNECTICUT INTERLOCAL RISK MANAGEMENT A PO BOX 9558 NEW HAVEN, CT 06535-0558	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.230	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,071.59
s370	WCO GALLAGHER BASSETT SERVICES PO BOX 2831 CLINTON, IA 52733-2801	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.231	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$761.68
s371	WCO MEDIVEST 2100 ALAFAYA TRL OVIEDO, FL 32765	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: CUSTOMER CREDIT BALANCE	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.232	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$750.00
s712	WESLEY JANITORIAL SERVICE LLC PO BOX 3553 COLUMBIA, SC 29230	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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			Amount of Claim
3.233	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$393.46
s706	WINDSTREAM - 1517 EFT PO BOX 9001950 LOUISVILLE, KY 40290-1950	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: UTILITIES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.234	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$80,000.00
s714	XACT DATA DISCOVERY DBA XACT DATA DISCOVERY 5800 FOXRIDGE DR, STE 406 MISSION, KS 66202	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.235	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,250.00
s713	X-RAY COMPLIANCE SOLUTION, LLC 2080 OWENS RD LEESVILLE, SC 29070	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.236	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$125.00
s715	YORK X-RAY--M498 - ANDERSON PO BOX 326 20 HAMPTON ROAD LYMAN, SC 29365	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Amount of Claim
3.237	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,554.48
s716	YORK X-RAY--M568 WEST COLUMBIA PO BOX 326 20 HAMPTON RD LYMAN, SC 29365	Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred Various	Basis for the claim: TRADE PAYABLES	
	Last 4 digts of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

List in alphabetical order any others who must be notified for claims already listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 or Part 2 did you enter the related creditor?	Last 4 digits of account number for this entity
BLAKE LECHE 109 WAVERLY HALL LN SIMPSONVILLE, SC 29681	s955	
DAVID BRUCE COFFEY 261 UNDERPASS DR. ONEIDA, TN 37841-5885	s923	
GEORGETOWN PHYSICIAN SERVICES, LLC NELSON MULLINS RILEY & SCARBOROUGH LLP C/O THOMAS F. MORAN 3751 ROBERT GRISSOM PKY., FL. 3 MYRTLE BEACH, SC 29577	s927	
IMAGING SOLUTIONS HEALTHCARE LLC ANDERSON, BOTTRELL, SANDEN & THOMPSON C/O MICHAEL J. HOFER 5257 27TH ST. S., STE. 101 FARGO, ND 58104	s586	
IMAGING SOLUTIONS HEALTHCARE LLC C/O ANDERSON, BOTTRELL, SANDEN & THOMPSON DAVID J HAUFF PO BOX 10247 FARGO, ND 58104	s586	
KONIG PM LLC C/O BLAKE LECHE 109 WAVERLY HALL LN. SIMPSONVILLE, SC 29681	s929	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of Claim Amounts

5a. Total Claims from Part 1 5a. \$2,692,466.17

5b. Total Claims from Part 2 5b. + \$5,686,312.31
PLUS UNKNOWN

5c. Total of Parts 1 and 2 5c. \$8,378,778.48
Lines 5a + 5b = 5c. PLUS UNKNOWN

Fill in this information to identify the case:

Debtor name Oaktree Medical Centre, P.C.

United States Bankruptcy Court for the: Western District of N Carolina
(State of)

Case Number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EMPLOYMENT AGREEMENT - DOCTOR OF CHIROPRACTOR (DC) UNKNOWN 	ABHAY PATEL 9 NEW ALTAMONT TERRACE GREENVILLE, SC 29609
2. 2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	WORKERS COMPENSATION INSURANCE POLICY (ALL COMPANIES) 	ACCIDENT FUND (WORKERS COMPENSATION) INSURANCE COMPANY OF AMERICA PO BOX, MI 48901-7990
2. 3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	STAFFING AGENCY - AGREEMENT UNKNOWN 	ACCONTEMPS - ROBERT HALF 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693
2. 4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SECURITY MONITORING CONTRACT 401497420 UNKNOWN 	ADT PO BOX 371878 PITTSBURGH, PA 15250-7878
2. 5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SECURITY MONITORING CONTRACT 402041108 UNKNOWN 	ADT PO BOX 371878 PITTSBURGH, PA 15250-7878

Debtor Oaktree Medical Centre, P.C.

Name

Case Number (if known):

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- | | | | |
|-------|---|--|--|
| 2. 6 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SECURITY MONITORING CONTRACT
401542049</p> <p>UNKNOWN</p> | <p>ADT
PO BOX 371878
PITTSBURGH, PA 15250-7878</p> |
| 2. 7 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>OXYGEN CYLINDER RENTALS
MULTIPLE LOCATIONS
2865184</p> <p>UNKNOWN</p> | <p>AIRGAS USA, LLC
PO BOX 734672
DALLAS, TX 75373</p> |
| 2. 8 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>OXYGEN CYLINDER RENTALS
MULTIPLE LOCATIONS
2900062</p> <p>UNKNOWN</p> | <p>AIRGAS USA, LLC
PO BOX 734672
DALLAS, TX 75373</p> |
| 2. 9 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>FAX SERVICES</p> <p>UNKNOWN</p> | <p>ALHAMBRA US
8 GOVERNOR WENTWORTH HWY
WOLFEBORO, NH 03894</p> |
| 2. 10 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SOFTWARE CONTRACT
10036688</p> <p>UNKNOWN</p> | <p>ALLSCRIPTS LLC
24630 NETWORK PLACE
CHICAGO, IL 60673-1246</p> |
| 2. 11 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>MASTER PURCHASE AGREEMENT</p> <p>UNKNOWN</p> | <p>ALLSCRIPTS
24630 NETWORK PLACE
CHICAGO, IL 60673-1246</p> |

Debtor Oaktree Medical Centre, P.C.

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASE AGREEMENT – INTERFACE SOFTWARE SYSTEM</p>	<p>ALLSCRIPTS 24630 NETWORK PLACE CHICAGO, IL 60673-1246</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ONLINE BACKUP ADDENDUM TO MASTER AGREEMENT</p>	<p>ALLSCRIPTS 24630 NETWORK PLAE CHICAGO, IL 60673-1246</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFITS CONTRACTS 010-39844</p>	<p>AMERITAS LIFE INSURANCE CORP-DENTAL PO BOX 81889 LINCOLN, NE 68501-1889</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYMENT AGREEMENT - PHYSICIAN ASSISTANT</p>	<p>AMY HANCOCK 5804 SPINETAIL DR NORTH MYRTLE BEACH, SC 29582</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ANSWERING SERVICES CONTRACT</p>	<p>ANSWERPROCOMMUNICATIONS, LLC PO BOX 890340 CHARLOTTE, NC 28289-0340</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MEDICAL CONSULTING CONTRACT</p>	<p>ASBURY MED-SURE, LLC (ROGER YAPP) 1560 ASBURY AVE WINNETKA, IL 60093</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	

Debtor Oaktree Medical Centre, P.C.

Case Number (if known):

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Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - PHYSICIAN ASSISTANT (PA)</p> <p>UNKNOWN</p>	<p>ASHLEY CRISP 1651 UNION SCHOOL RD MCBEE, SC 29101</p>
2. 19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMR AND BILLING SYSTEM</p> <p>UNKNOWN</p>	<p>ATHENAHEALTH – 311 ARSENAL STREET WATERTOWN, MA 02472</p>
2. 20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 9/30/2019</p>	<p>BHHS JOHN M BRABHAM REAL ESTATE DAVIS PROPERTIES 1081 ALICE DRIVE SUMTER, SC 29151</p>
2. 21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT CONTRACT</p> <p>UNKNOWN</p>	<p>BLAKE LECHE - KONIG DM, LLC (1099) BLAKE LECHE 109 WAVERLY HALL LN SIMPSONVILLE, SC 29681</p>
2. 22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>BLAKE LECHE 109 WAVERLY HALL LN SIMPSONVILLE, SC 29681</p>
2. 23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYEE BENEFITS CONTRACTS BAA98/BAA98</p> <p>UNKNOWN</p>	<p>BLUECHOICE HEALTH PLAN PO BOX 6000 COLUMBIA, SC 29260-6000</p>

Debtor Oaktree Medical Centre, P.C.

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT / PRICING AGREEMENT / REBATE AGREE 164881</p> <p>UNKNOWN</p>	<p>BOSTON SCIENTIFIC CORP PO BOX 951653 DALLAS, TX 75395-1653</p>
2. 25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>BRADLEY SWENSON 2900 RAMBLING PATH ANDERSON, SC 29621</p>
2. 26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p> <p>UNKNOWN</p>	<p>BRANT TURNER -PRECISE HEALTH RES-BAM BRANT TURNER 1276 SHADOW WAY GREENVILLE, SC 29615</p>
2. 27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - PHYSICIANS ASSISTANT (PA)</p> <p>UNKNOWN</p>	<p>BRANT TURNER 1276 SHADOW WAY GREENVILLE, SC 29615</p>
2. 28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>JOB POSTING CONTRACT CT4278229</p> <p>UNKNOWN</p>	<p>CAREER BUILDER LLC 13047 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0130</p>
2. 29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - CLINICAL LIAISON</p> <p>UNKNOWN</p>	<p>CARLEE BRIGHT 115 ROSEBERRY HILL DRIVE LYMAN, SC 29365</p>

Debtor Oaktree Medical Centre, P.C.

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - FAMILY NURSE PRACTITIONER (</p> <p>UNKNOWN</p>	<p>CAROL BERRY 2843 HERMITAGE LANE FLORENCE, SC 29501</p>
2. 31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 11/30/2022</p>	<p>CCP HARBINGER, LLC - FCH LAB C/O COMMONWEALTH COMMERCIAL PARTNERS, LLC PO BOX 71150 RICHMOND, VA 23225</p>
2. 32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>CHRISTOPHER RUBEL 480 WEBBER ROAD SPARTANBURG, SC 29307</p>
2. 33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 1150078</p> <p>UNKNOWN</p>	<p>CITY OF ASHEVILLE WATER BILL ACCT# 0078 PO BOX 733 ASHEVILLE, NC 28802-0733</p>
2. 34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 34000149-448471</p> <p>UNKNOWN</p>	<p>CITY OF FLORENCE -8471 CC CITY SERVICES BILL PO BOX 602756 CHARLOTTE, NC 28260-2756</p>
2. 35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 85-009255-01</p> <p>UNKNOWN</p>	<p>CITY OF WEST COLUMBIA CC WATER COLLECTION DIVISION - CITY HALL PO BOX 4044 WEST COLUMBIA, SC 29171-4044</p>

Debtor Oaktree Medical Centre, P.C.

Case Number (if known):

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SC DEPT OF HEALTH LAB 1/20 TO 1/22</p> <p>UNKNOWN</p>	<p>CLIA LABORATORY PROGRAM PO BOX 3056 PORTLAND, OR 97208-3056</p>
2. 37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT</p> <p>UNKNOWN</p>	<p>CMS IMAGIN, INC. /AVREO, INC – 4050 AZALEA DR NORTH CHARLESTON, SC 29405</p>
2. 38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CT SCANNER - CONTRACT 201806-4825-FIRST CHOICE</p> <p>UNKNOWN</p>	<p>CMS IMAGING, INC. 4050 AZALEA DR NORTH CHARLESTON, SC 29405</p>
2. 39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MANAGEMENT SERVICES AGREEMENT</p> <p>UNKNOWN</p>	<p>COFFEY FAMILY MEDICAL 281 UNDERPASS DR ONEIDA, TN 37841</p>
2. 40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYEE BENEFITS CONTRACTS GROUP #390 25 76179 0000</p> <p>UNKNOWN</p>	<p>COMPANION LIFE PO BOX 100102 COLUMBIA, SC 29202</p>
2. 41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABGEN LABORATORY MANAGEMENT SYSTEM - MAINTENANCE</p> <p>UNKNOWN</p>	<p>COMTRON, INC. 11 GRACE AVE SUITE 208 GREAT NECK, NY 11021</p>

Debtor Oaktree Medical Centre, P.C.

Case Number (if known):

Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- | | | | |
|-------|---|--|---|
| 2. 42 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>CONCUR EXPENSE REPORTING CONTRACT (IN LABSOURCE N</p> <p>UNKNOWN</p> | <p>CONCUR / BAMBORA
62157 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693</p> |
| 2. 43 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>MALPRACTICE INSURANCE CONTRACT
002PRM0000083997</p> <p>UNKNOWN</p> | <p>COVERYS
PO BOX 981024
BOSTON, MA 02298</p> |
| 2. 44 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT
638719616066528</p> <p>UNKNOWN</p> | <p>CRYSTAL SPRINGS
PO BOX 660579
DALLAS, TX 75266-0579</p> |
| 2. 45 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>INSURANCE CONTRACT
WIND HAIL POLICY</p> <p>EXPIRES: 8/6/2020</p> | <p>CSP INSURANCE SERVICES
2420 HOFFMEYER RD, SUITE D
FLORENCE, SC 29501</p> |
| 2. 46 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>EMPLOYMENT AGREEMENT -
LICENSED NURSE PRACTITIONER</p> <p>UNKNOWN</p> | <p>DAMIEN BAILEY
202 COBBLESTONE XING
GAFFNEY, SC 29341</p> |
| 2. 47 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>EMPLOYMENT AGREEMENT - NURSE
PRACTITIONER</p> <p>UNKNOWN</p> | <p>DANIELLE CRAIS
113 HOLLY LEAF LANE
LEXINGTON, SC 29072</p> |

Debtor Oaktree Medical Centre, P.C.

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Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LAB EQUIPMENT MAINTENANCE</p> <p>UNKNOWN</p>	<p>DATA INNOVATIONS LLC PO BOX 101978 ATLANTA, GA 30392-1978</p>
2. 49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>DAVID ROGERS PO BOX 618 EASLEY, SC 29641</p>
2. 50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - PHYSICIANS ASSISTANT (PA)</p> <p>UNKNOWN</p>	<p>DEREK ROPER 245 SAINT PAUL RD EASLEY, SC 29642</p>
2. 51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 7-2101-0462-1414</p> <p>UNKNOWN</p>	<p>DOMINION ENERGY PO BOX 100255 COLUMBIA, SC 29202-3255</p>
2. 52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 7-2101-0972-0386</p> <p>UNKNOWN</p>	<p>DOMINION ENERGY PO BOX 100255 COLUMBIA, SC 29202-3255</p>
2. 53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 8/31/2019</p>	<p>DOUBLE DUTCH - MYRTLE BEACH 1801 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28403</p>

Debtor Oaktree Medical Centre, P.C.

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- | | | | |
|-------|---|--|--|
| 2. 54 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT
839 242 4076 & 461 795 1597</p> <p>UNKNOWN</p> | <p>DUKE ENERGY PROGRESS
PO BOX 1003
CHARLOTTE, NC 28201-1003</p> |
| 2. 55 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT
1864762942 & 1122820272</p> <p>UNKNOWN</p> | <p>DUKE ENERGY
PO BOX 70516
CHARLOTTE, NC 28272-0516</p> |
| 2. 56 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT
1788141408 & 1711026376</p> <p>UNKNOWN</p> | <p>DUKE ENERGY
PO BOX 70516
CHARLOTTE, NC 28272-0516</p> |
| 2. 57 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>COMPUTER AND PHONE SERVICES</p> <p>UNKNOWN</p> | <p>DYNAMIC QUEST / ENROUTE
3775 ROSEWELL RD
SUITE 350
MARIETTA, GA 30062</p> |
| 2. 58 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT
64622001</p> <p>UNKNOWN</p> | <p>EASLEY COMB UTILITIES
PO BOX 619
EASLEY, SC 29641-0619</p> |
| 2. 59 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>BILLING / CLINIC SOFTWARE CONTRACT
14142</p> <p>UNKNOWN</p> | <p>ECLINICAL WORKS, LLC
PO BOX 847950
BOSTON, MA 02284-7950</p> |

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 500033640</p> <p>UNKNOWN</p>	<p>ELECTRIC CITY UTILITIES CC CITY OF ANDERSON PO BOX 63061 CHARLOTTE, NC 28263</p>
2. 61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR</p> <p>UNKNOWN</p>	<p>ELIZABETH SNODERLY 4691 MILL POND CT MURRELLS INLET, SC 29576</p>
2. 62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p> <p>UNKNOWN</p>	<p>ERIC HARRELL - ECORP, LLC (1099) BAM 25 DRAPER STREET UNIT 432 GREENVILLE, SC 29611</p>
2. 63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING SOFTWARE / SUBSCRIPTION CONTRACT A/C 123220</p> <p>UNKNOWN</p>	<p>EXPERIAN HEALTH, INC. PO BOX 886133 LOS ANGELES, CA 90088-6133</p>
2. 64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>OFFSITE STORAGE CONTRACT</p> <p>UNKNOWN</p>	<p>EXTRA STORAGE SPACE 104 LA VON LN EASLEY, SC 29642</p>
2. 65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>FELIX MUNIZ 1015 NUTT STREET APT. 334 WILMINGTON, NC 28401</p>

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYEE BENEFITS CONTRACTS 1001030 &1001031</p> <p>UNKNOWN</p>	<p>FIDELITY SECURITY LIFE INS FSL / EYEMED PREMIUMS PO BOX 632530 CINCINNATI, OH 45263-2530</p>
2. 67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BANKING AGREEMENTS - ETC</p> <p>UNKNOWN</p>	<p>FIRST CITIZENS BANK & TRUST COMPANY ATTN: NATOSHA DREWS PO BOX 29 COLUMBIA, SC 29202</p>
2. 68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING CONTRACT - EXPIRED BUT SETTLEMENT AGREEMEN 138172</p> <p>UNKNOWN</p>	<p>GE HEALTHCARE, INC. PO BOX 640200 PITTSBURGH, PA 15264-0200</p>
2. 69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COPIER CONTRACTS</p> <p>UNKNOWN</p>	<p>G-FIVE, INC. 297-H GARLINGTON RD GREENVILLE, SC 29615</p>
2. 70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PEST CONTROL CONTRACT</p> <p>UNKNOWN</p>	<p>GIBSON PEST CONTROL 3601 SWEETEN CREEK RD PO BOX 989 SKYLAND, NC 28776</p>
2. 71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>GISELE GIRAULT 145 LAKE POINTE DR FORT MILL, SC 29708</p>

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2. 72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADMINISTRATIVE SERVICES AGREEMENT</p> <p>UNKNOWN</p>	<p>GRANADA NEIL (1099) - BAM 1399 ASHLEYBROOK LANE SUITE 100 WINSTON SALEM, NC 27103</p>
2. 73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 5/31/2020</p>	<p>GREAT HERON - W COLUMBIA EFT FRANK HAHNE 208 BARNACLE CIRCLE LEXINGTON, SC 29072</p>
2. 74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 0017695250 & 0017695252</p> <p>UNKNOWN</p>	<p>GREENVILLE WATER SYSTEM PO BOX 687 GREENVILLE, SC 29602-0687</p>
2. 75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE - RELATED PARTY</p> <p>EXPIRES: 12/31/2028</p>	<p>GROVE 1005 LLC 25 AIRPARK COURT GREENVILLE, SC 29607</p>
2. 76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COMPLIANCE SUBSCRIPTION CONTRACT</p> <p>UNKNOWN</p>	<p>HEALTHCARE COMPLIANCE PROS, INC. 10891 SCOTTY DRIVE SOUTH JORDAN, UT 84095</p>
2. 77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COPIER CONTRACTS 16297-0001</p> <p>UNKNOWN</p>	<p>HERALD 16297 (FLORENCE) PO BOX 1288 DILLON, SC 29536</p>

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2. 78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 2/29/2020</p>	<p>HIGHLAND CENTER DRIVE-COLUMBIA C/O TRINITY PARTNERS MANAGEMENT - AR 440 S CHURCH ST, STE 800 CHARLOTTE, NC 28202</p>
2. 79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS CRIME POLICY - POLICY # UC22283982 19</p> <p>EXPIRES: 7/9/2020</p>	<p>HISCOX INC - C/O WILLIS OF NORTH CAROLINA, INC 29754 NETWORK PLACE CHICAGO, IL 60673-1297</p>
2. 80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTANT CONTRACT - FINANCIAL ADVISORY</p> <p>UNKNOWN</p>	<p>HURON CONSULTING SERVICES, LLC 4795 PAYSHERE CIRCLE CHICAGO, IL 60674</p>
2. 81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ULTRASOUND QUOTE AGREEMENT</p> <p>UNKNOWN</p>	<p>IMAGING ASSOCIATES, INC. – 3223 32ND AVE S, STE 201 FARGO, ND 58103-6278</p>
2. 82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IMAGING EQUIPMENT LEASE</p> <p>UNKNOWN</p>	<p>IMAGING SOLUTIONS, INC. 3223 32ND AVE S, STE 201 FARGO, ND 58103-6278</p>
2. 83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMAIL HOSTING AGREEMENT</p> <p>UNKNOWN</p>	<p>IMMEDION, LLC PO BOX 745116 ATLANTA, GA 30374-5116</p>

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2. 84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 5/5/2019</p>	<p>INFINITY ENTERPRISES - FLORENCE C/O DR DEAN BANKS 9303 VENEZIA CIRCLE MYRTLE BEACH, SC 29579</p>
2. 85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT MAINTENANCE CONTRACT</p> <p>UNKNOWN</p>	<p>ION TECHNOLOGY SUPPORT INC 1204 COPELAND OAKS DRIVE MORRISVILLE, NC 27560</p>
2. 86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PAPERWORK STORAGE CONTRACT</p> <p>UNKNOWN</p>	<p>IRON MOUNTAIN PO BOX 27128 NEW YORK, NY 10087-7128</p>
2. 87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLINIC AND PROVIDER MEDICAL MALPRACTICE INSURANCE</p> <p>EXPIRES: 8/1/2020</p>	<p>IRONSHORE INSURANCE LIMITED 175 POWDER FOREST DR WEATOGUE, CT 06089</p>
2. 88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p> <p>UNKNOWN</p>	<p>J D HAAS, LLC (1099) 109 PEPPERWOOD DRIVE GREENVILLE, SC 29611</p>
2. 89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TELE-RADIOLOGY SERVICES AGREEMENT</p> <p>UNKNOWN</p>	<p>JAMES CAIN (1099) BAM 113 RATHFARNHAM CIRCLE ASHEVILLE, NC 28803</p>

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2. 90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLEANING SERVICES AGREEMENT</p> <p>UNKNOWN</p>	<p>JAMES EARLE'S CLEANING SERVICE(1099) PO BOX 251 SANDY SPRINGS, SC 29677</p>
2. 91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER (NP)</p> <p>UNKNOWN</p>	<p>JAMMIE STEPHENS 256 COPPERLEAF DRIVE MYRTLE BEACH, SC 29588</p>
2. 92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>JAY PATEL 14 KETTERING COURT EASLEY, SC 29642</p>
2. 93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>JEFFREY FARRICIELLI 3912 ASHTON SHORE LANE MOUNT PLEASANT, SC 29466</p>
2. 94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER (NP)</p> <p>UNKNOWN</p>	<p>JESSICA BELL 210 CREEK FALLS XING EASLEY, SC 29640</p>
2. 95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER (NP)</p> <p>UNKNOWN</p>	<p>JILL KESSLER 109 WINDSONG COURT ANDERSON, SC 29621</p>

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2. 96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - PHYSICAL THERAPY DOCTOR (PT)</p> <p>UNKNOWN</p>	<p>JOHN HAAS 109 PEPPERWOOD DRIVE GREENVILLE, SC 29611</p>
2. 97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SECURITY MONITORING CONTRACT</p> <p>UNKNOWN</p>	<p>JOHNSON CONTROLS SECURITY SOLUTIONS PO BOX 371967 PITTSBURGH, PA 15250-7967</p>
2. 98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>JOSEPH O`QUINN 12 KETTERING COURT EASLEY, SC 29642</p>
2. 99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p> <p>UNKNOWN</p>	<p>JOSEPH O`QUINN/JWO ENTE (1099) BAM JWO ENTERPRISE, LLC 12 KETTERING CT EASLEY, SC 29642</p>
2. 100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER</p> <p>UNKNOWN</p>	<p>KATHY MOTES 260 BALLANTYNE COMMON CIRCLE APT. 204 HENDERSONVILLE, NC 28792</p>
2. 101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STAFFING AGENCY - AGREEMENT</p> <p>UNKNOWN</p>	<p>KUDZU STAFFING, INC. PO BOX 51627 POWDERSVILLE, SC 29673</p>

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2. 102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EXECUTIVE RISK PACKAGE - POLICY LHP677660</p>	<p>LANDMARK AMERICAN INSURANCE COMPANY C/O WILLIS OF NORTH CAROLINA, INC 29754 NETWORK PLACE CHICAGO, IL 60673-1297</p>
	<p>State the term remaining</p> <p>EXPIRES: 1/9/2020</p>	
	<p>List the contract number of any government contract</p>	
2. 103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PEST CONTROL CONTRACT</p>	<p>LEXINGTON TERMITE & PEST CONTROL, INC. 439 HEARTWOOD DRIVE LEXINGTON, SC 29073</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFITS CONTRACTS 401593660</p>	<p>LIBERTY MUTUAL INSURANCE PO BOX 188025 FAIRFIELD, OH 45018-8025</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYEE BENEFITS CONTRACTS OTMCTRE-BL-1565801</p>	<p>LINCOLN NATIONAL LIFE INSURANCE CO. PO BOX 0821 CAROL STREAM, IL 60132-0821</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p>	<p>LISA FORGIONE BAM (1099) 301 HOLLY ST CLINTON, SC 29325</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p>	<p>LISA FORGIONE 301 HOLLY STREET CLINTON, SC 29325</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	

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2. 108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 1/21/2021</p>	<p>LUTHERAN SERVICES - ARDEN, NC ATTN: KIRBY NICKERSON PO BOX 947 SALISBURY, NC 28145</p>
2. 109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 8/31/2024</p>	<p>MAGNOLIA CENTER ONE, LLC 367 DEBORDIEU BLVD GEORGETOWN, SC 29440</p>
2. 110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TANK RENTAL AND SERVICE AGREEMENTS</p> <p>UNKNOWN</p>	<p>MAR COR INC 16233 COLLECTIONS CENTER DR CHICAGO, IL 60693</p>
2. 111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE</p> <p>EXPIRES: 7/31/2020</p>	<p>MARY BLACK HEALTH - SPARTANBURG SRHS-ACCOUNTING ATTN: DANA HORTON SPARTANBURG, SC 29303</p>
2. 112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER (NP)</p> <p>UNKNOWN</p>	<p>MARY COX 20 CHARTWELL CT SUMTER, SC 29154</p>
2. 113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p> <p>UNKNOWN</p>	<p>MATT FURMAN BAM 100 BEAVER LAKE DR ELGIN, SC 29045</p>

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2. 114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAL ESTATE LEASE - RELATED PARTY</p> <p>EXPIRES: 12/29/2028</p>	<p>MCCOLLUM BUSINESS LLC 435 PROVIDENCE DR EASLEY, SC 29642</p>
2. 115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES</p>	<p>MCGUIREWOODS, LLP TOWER TWO- SIXTY 260 FORBES AVE PITTSBURGH, PA 15222</p>
2. 116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LAB EQUIPMENT SERVICE CONTRACT 438</p> <p>UNKNOWN</p>	<p>MEDICAL LABORATORY SOLUTIONS, INC. 270 RUTLEDGE RD, STE D FLETCHER, NC 28732</p>
2. 117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER</p> <p>UNKNOWN</p>	<p>MELODY DEANGELIS 198 OLD BLACKSMITH ROAD SIX MILE, SC 29682</p>
2. 118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CREDIT CARD PROCESSING AGREEMENT</p> <p>UNKNOWN</p>	<p>MERCHANT CREDIT CARD PROCESSING PO BOX 6600 HAGERSTOWN, MD 21741-6600</p>
2. 119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WEBSITE HOSTING AND MANAGEMENT</p> <p>UNKNOWN</p>	<p>MY WEB NINJA LLC 400 W LEGION BLVD OWENSBORO, KY 42303</p>

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Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - NURSE PRACTITIONER</p> <p>UNKNOWN</p>	<p>NORMA SWEET 744 VIOLA COURT COLUMBIA, SC 29229</p>
2. 121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SECURITY MONITORING CONTRACT</p> <p>UNKNOWN</p>	<p>PALMETTO SECURITY CO, INC. 4 MEDICAL COURT SUMTER, SC 29150</p>
2. 122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PAYMENT SERVICES CONTRACT</p> <p>UNKNOWN</p>	<p>PAY PLUS / ZELLIS PAYMENTS 18167 US HIGHWAY 19 NORTH SUITE 300 CLEARWATER, FL 33764</p>
2. 123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 7002854727002</p> <p>UNKNOWN</p>	<p>PIEDMONT NATURAL GAS PO BOX 660920 DALLAS, TX 75266-0920</p>
2. 124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>POSTAGE MACHINE LEASE</p> <p>UNKNOWN</p>	<p>PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887</p>
2. 125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PDS SOFTWARE SYSTEM CONTRACT</p> <p>UNKNOWN</p>	<p>PRACTICE DIAGNOSTIC SYSTEMS, LLC (PDS) PRACTICAL DATA SOLUTIONS 33 BULLET HILL RD SOUTHBURY, CT 06488</p>

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- | | | | |
|--------|---|--|---|
| 2. 126 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>NITROGEN SYSTEM CONTRACT PJ700</p> <p>UNKNOWN</p> | <p>PRAXAIR
1939 BLUFF ROAD
COLUMBIA, SC 29201</p> |
| 2. 127 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>MALPRACTICE INSURANCE - INSURANCE FINANCE</p> <p>UNKNOWN</p> | <p>PREMIUM FUNDING ASSOCIATES, INC
1 WORLD FINANCIAL CENTER
200 LIBERTY STREET
NEW YORK, NY 10281</p> |
| 2. 128 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>FINANCER OF IRON SHORE INSURANCE LIMITED
MALPRACTICE INSURANCE</p> <p>EXPIRES: 6/1/2020</p> | <p>PREMIUM FUNDING ASSOCIATES, INC
1 WORLD FINANCIAL CENTER
200 LIBERTY STREET
NEW YORK, NY 10281</p> |
| 2. 129 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SECURITY MONITORING CONTRACT</p> <p>UNKNOWN</p> | <p>PRIORITY ONE SECURITY-GROVE
PO BOX 602577
CHARLOTTE, NC 28260-2577</p> |
| 2. 130 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>HSA BENEFITS CONTRACTS</p> <p>UNKNOWN</p> | <p>PROBENEFITS, INC.
PO BOX 896200
CHARLOTTE, NC 28289</p> |
| 2. 131 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>HR / PAYROLL SYSTEM CONTRACT</p> <p>UNKNOWN</p> | <p>PROPEL HR, INC.
669 N ACADEMY ST
GREENVILLE, SC 29601</p> |

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- | | | | |
|--------|---|--|--|
| 2. 132 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>EMPLOYEE BENEFITS CONTRACTS</p> <p>UNKNOWN</p> | <p>PRUDENTIAL GROUP INSURANCE</p> <p>PO BOX 101241</p> <p>ATLANTA, GA 30392-1241</p> |
| 2. 133 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>REAL ESTATE LEASE</p> <p>EXPIRES: 7/31/2023</p> | <p>ROBERTS DEVELOPMENT</p> <p>PO BOX 393</p> <p>ANDERSON, SC 29622</p> |
| 2. 134 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>EMPLOYMENT AGREEMENT - PHYSICIANS ASSISTANT (PA)</p> <p>UNKNOWN</p> | <p>RYAN GROTH</p> <p>70 BENT CREEK PRESERVE ROAD</p> <p>ASHEVILLE, NC 28806</p> |
| 2. 135 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>EMPLOYMENT AGREEMENT - CHIROPRACTOR</p> <p>UNKNOWN</p> | <p>RYAN MITCHELL</p> <p>1959 OSPREY DRIVE</p> <p>FLORENCE, SC 29501</p> |
| 2. 136 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>UTILITIES CONTRACT</p> <p>3937820000</p> <p>UNKNOWN</p> | <p>SANTEE COOPER-EFT</p> <p>PO BOX 188</p> <p>MONCKS CORNER, SC 29461-0188</p> |
| 2. 137 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>SHREDDING CONTRACT</p> <p>UNKNOWN</p> | <p>SHRED A WAY</p> <p>PO BOX 161732</p> <p>BOILING SPRINGS, SC 29316</p> |

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Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SHREDDING CONTRACT</p> <p>UNKNOWN</p>	<p>SHRED A WAY PO BOX 51132 PIEDMONT, SC 29673</p>
2. 139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SHREDDING CONTRACT</p> <p>UNKNOWN</p>	<p>SHRED IT 28883 NETWORK PLACE CHICAGO, IL 60673</p>
2. 140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SHREDDING CONTRACT</p> <p>UNKNOWN</p>	<p>SHRED360 7001 ST. ANDREWS RD #365 COLUMBIA, SC 29212</p>
2. 141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SHREDDING CONTRACT</p> <p>UNKNOWN</p>	<p>SHUR SHRED PO BOX 6776 FLORENCE, SC 29502</p>
2. 142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLIA LAB COMPLIANCE CERTIFICATE</p> <p>EXPIRES: 4/18/2022</p>	<p>SOUTH CAROLINA DEPARTMENT OF HEALTH 2600 BULL ST COLUMBIA, SC 29201</p>
2. 143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BANKING AGREEMENTS - ETC</p> <p>UNKNOWN</p>	<p>SOUTH STATE BANK 200 EAST BROAD STREET, SUITE 100 GREENVILLE, SC 29601</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 202-910821901</p> <p>UNKNOWN</p>	<p>SPECTRUM BUSINESS PO BOX 70872 CHARLOTTE, NC 28272-0872</p>
2. 145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 202-916908101-001</p> <p>UNKNOWN</p>	<p>SPECTRUM BUSINESS PO BOX 742614 CINCINNATI, OH 45274-2614</p>
2. 146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 202-910821901-001</p> <p>UNKNOWN</p>	<p>SPECTRUM BUSINESS PO BOX 742614 CINCINNATI, OH 45274-2614</p>
2. 147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 8351 10 002 4592319</p> <p>UNKNOWN</p>	<p>SPECTRUM BUSINESS PO BOX 742614 CINCINNATI, OH 45274-2614</p>
2. 148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT 8345 79 680 0002727</p> <p>UNKNOWN</p>	<p>SPECTRUM BUSINESS PO BOX 742614 CINCINNATI, OH 45274-2614</p>
2. 149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXCESS PRIVATE MANAGEMENT LIABILITY POLICY H70164180ASP</p> <p>EXPIRES: 1/9/2020</p>	<p>STARSTONE SPECIALTY INSURANCE COMPANY C/O WILLIS OF NORTH CAROLINA, INC 29754 NETWORK PLACE CHICAGO, IL 60673-1297</p>

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Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT</p> <p>UNKNOWN</p>	<p>STEEPLECHASE PATHOLOGY, LLC(1099) ATTN: RENEE THOMAS, MD 1905 CARRIAGE HOUSE LANE CAMDEN, SC 29020</p>
2. 151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MULTI SITE SERVICE AGREEMENT</p> <p>UNKNOWN</p>	<p>STERICYCLE PO BOX 6582 CAROL STREAM, IL 60197-6582</p>
2. 152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PEST CONTROL CONTRACT 1041</p> <p>UNKNOWN</p>	<p>STONE'S PEST SERVICES, LLC PO BOX 13443 FLORENCE, SC 29504</p>
2. 153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>SYBIL REDDICK 32 QUAIL HILL DRIVE GREENVILLE, SC 29607</p>
2. 154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PEST CONTROL CONTRACT</p> <p>UNKNOWN</p>	<p>TERMINIX CENTRAL ACCOUNTING OFFICE PO BOX 2627 COLUMBIA, SC 29202-2627</p>
2. 155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYEE BENEFITS CONTRACTS</p> <p>UNKNOWN</p>	<p>THE BENEFIT COMPANY, INC. PO BOX 211486 COLUMBIA, SC 29221</p>

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Additional Page if Debtor Has More Executory Contracts or Unexpired Lease**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2. 156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>1099 INDEPENDENT CONTRACTOR AGREEMENT</p>	<p>State the term remaining</p> <p>UNKNOWN</p>	<p>List the contract number of any government contract</p>	<p>THE CENTER FOR REGENERATIVE MEDICINE JEFFREY FARRICIELLI 131 QUEENSBOROUGH BLVD, STE 102 MT PLEASANT, SC 29464</p>
2. 157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PROFESSIONAL SERVICES</p>	<p>State the term remaining</p>	<p>List the contract number of any government contract</p>	<p>TIM DAILEADER (DRIVETRAIN) EFT 257 CENTRAL PARK WEST APT 7A NEW YORK, NY 10024</p>
2. 158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>INDEPENDENT DIRECTORSHIP</p>	<p>State the term remaining</p> <p>UNKNOWN</p>	<p>List the contract number of any government contract</p>	<p>TIM DAILEADER (DRIVETRAIN) EFT 257 CENTRAL PARK WEST APT 7A NEW YORK, NY 10024</p>
2. 159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>UTILITIES CONTRACT 202-601898902-001</p>	<p>State the term remaining</p> <p>UNKNOWN</p>	<p>List the contract number of any government contract</p>	<p>TIME WARNER PO BOX 70872 CHARLOTTE, NC 28272-0872</p>
2. 160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>UTILITIES CONTRACT</p>	<p>State the term remaining</p> <p>UNKNOWN</p>	<p>List the contract number of any government contract</p>	<p>TOWN OF WAYNESVILLE CC 9 S MAIN STREET SUITE 110 WAYNESVILLE, NC 28786</p>
2. 161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CONTRACT MANAGER AGREEMENT COFFEY FAMILY MEDICAL</p>	<p>State the term remaining</p> <p>UNKNOWN</p>	<p>List the contract number of any government contract</p>	<p>TRIZETTO DEPT CH 16897 PALATINE, IL 60055-6897</p>

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2. 162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CREDIT CARD PROCESSING AGREEMENT</p>	<p>TSYS HEALTH SERVICES 12202 AIRPORT WAY SUITE 100 BROOMFIELD, CO 80021</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PEST CONTROL CONTRACT 803 749-7751 001 1892</p>	<p>U-AT & T PO BOX 105262 ATLANTA, GA 30348-5262</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>EXECUTIVE RISK PACKAGE - POLICY DOH00746111</p>	<p>UNDERWRITERS AT LLOYD'S LONDON C/O WILLIS OF NORTH CAROLINA, INC 29754 NETWORK PLACE CHICAGO, IL 60673-1297</p>
	<p>State the term remaining</p> <p>EXPIRES: 1/9/2020</p>	
	<p>List the contract number of any government contract</p>	
2. 165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ENDORSEMENT EXCESS LIABILITY - POLICY ANV122398A</p>	<p>UNDERWRITERS AT LLOYD'S LONDON C/O WILLIS OF NORTH CAROLINA, INC 29754 NETWORK PLACE CHICAGO, IL 60673-1297</p>
	<p>State the term remaining</p> <p>EXPIRES: 1/9/2020</p>	
	<p>List the contract number of any government contract</p>	
2. 166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PEST CONTROL CONTRACT</p>	<p>UPSTATE EXTERMINATING & PEST CONTROL, INC 324 OUR ROAD PICKENS, SC 29671</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	
2. 167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CELL PHONE CONTRACT 503926928-00001</p>	<p>VERIZON WIRELES PO BOX 660108 DALLAS, TX 75266-0108</p>
	<p>State the term remaining</p> <p>UNKNOWN</p>	
	<p>List the contract number of any government contract</p>	

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2. 168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>401K PLAN PROVIDER</p> <p>UNKNOWN</p>	<p>VOYA INSTITUTIONAL TRUST COMPANY ATTN: LOCKBOX 3015 4 CHASE METRO TECH CENTER, 7TH FLOOR EAST BROOKLYN, NY 11245</p>
2. 169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STAFFING AGENCY - AGREEMENT</p> <p>UNKNOWN</p>	<p>V-SOFT CONSULTING GROUP, INC 101 BULLITT LN, STE 205 LOUISVILLE, KY 40222</p>
2. 170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PEST CONTROL CONTRACT</p> <p>UNKNOWN</p>	<p>W E BLACK TERMITE & PEST CONTROL INC PO BOX 1053 ANDERSON, SC 29622</p>
2. 171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - GROVE RD - 001033843</p> <p>UNKNOWN</p>	<p>WASTE INDUSTRIES PO BOX 791519 BALTIMORE, MD 21279-1519</p>
2. 172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - ARDEN - 20-00731- 73009</p> <p>UNKNOWN</p>	<p>WASTE MANAGEMENT PO BOX 4648 CAROL STREAM, IL 60197</p>
2. 173	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - W COLUMBIA # 19- 56039-33001</p> <p>UNKNOWN</p>	<p>WASTE MANAGEMENT PO BOX 4648 CAROL STREAM, IL 60197</p>

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2. 174	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - ANDERSON 10-36711-73008</p> <p>UNKNOWN</p>	<p>WASTE MANAGEMENT PO BOX 4648 CAROL STREAM, IL 60197</p>
2. 175	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - FLORENCE - 13-35010-62004</p> <p>UNKNOWN</p>	<p>WASTE MANAGEMENT PO BOX 4648 CAROL STREAM, IL 60197</p>
2. 176	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTILITIES CONTRACT TRASH SERVICES - EASLEY 10-36508-43002</p> <p>UNKNOWN</p>	<p>WASTE MANAGEMENT PO BOX 4648 CAROL STREAM, IL 60197</p>
2. 177	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYMENT AGREEMENT - MEDICAL DOCTOR (MD)</p> <p>UNKNOWN</p>	<p>WOODWARD DIXON 515 DOODLE HILL ROAD ST. MATTHEWS, SC 29135</p>
2. 178	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DATA EXTRACTION CONTRACT- TERMINATED BY BALANCE DU</p> <p>UNKNOWN</p>	<p>XACT DATA DISCOVERY DBA XACT DATA DISCOVERY 5800 FOXRIDGE DR, STE 406 MISSION, KS 66202</p>

Fill in this information to identify your case:

Debtor 1 Oaktree Medical Centre, P.C.United States Bankruptcy Court for the: Western District of N Carolina
(State of)Case Number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 206H****SCHEDULE H - CODEBTORS**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor Name and Mailing Address	Column 2: Creditor Name	Check all schedules that apply:
2.1	DANIEL MCCOLLUM 435 PROVIDENCE DR EASLEY, SC 29642	CREEKRIDGE CAPITAL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	DANIEL MCCOLLUM 435 PROVIDENCE DR EASLEY, SC 29642	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	EAST TENNESSEE MEDICAL GROUP, P.C. 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	EXIGO PHARMACEUTICALS, LLC 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	FIRST CHOICE HEALTHCARE, P.C. 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	LABSOURCE, LLC 25 AIRPARK COURT GREENVILLE, SC 29607	CREEKRIDGE CAPITAL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Oaktree Medical Centre, P.C.**

Case Number (if known):

Name

Additional Page to List More Codebtors

	Column 1: Codebtor Name and Mailing Address	Column 2: Creditor Name	Check all schedules that apply:
2.7	LABSOURCE, LLC 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8	MCCOLLUM BUSINESS LLC 435 PROVIDENCE DR EASLEY, SC 29642	CREEKRIDGE CAPITAL, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9	OAKTREE MEDICAL CENTRE, LLC 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10	PAIN MANAGEMENT ASSOCIATES OF NORTH CAROLINA, P.C. 25 AIRPARK COURT GREENVILLE, SC 29607	FIDUS INVESTMENT CORPORATION	<input checked="" type="checkbox"/> D (s106) <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Oaktree Medical Centre, P.C.
United States Bankruptcy Court for the: Western District of N Carolina
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2019 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 13,791,719.00

For prior year:

From 01/01/2018 to 12/31/2018
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 28,139,510.00

For the year before that:

From 01/01/2017 to 12/31/2017
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 24,123,482.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2019 to Filing date
MM / DD / YYYY

Rental income from sub-leases

\$ 35,022.00

For prior year:

From 01/01/2018 to 12/31/2018
MM / DD / YYYY

Rental income from sub-leases

\$ 50,283.00

For the year before that:

From 01/01/2017 to 12/31/2017
MM / DD / YYYY

Rental income from sub-leases

\$ 52,849.00

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached Rider 2.3 Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. See attached Rider 2.4 Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.2. Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. See attached Rider 3.7 Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street		
City State ZIP Code		
	Case title	Court name and address
		Name
	Case number	Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
Theft of Medical Supplies / Treatment	None	8/1/19	\$ 109,414.18
Medications (2 offices)			

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	See attached Rider 6.11			\$ _____
	Address <hr/> Street <hr/> City State ZIP Code			
	Email or website address <hr/>			
	Who made the payment, if not debtor? <hr/>			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$ _____
	Address <hr/> Street <hr/> City State ZIP Code			
	Email or website address <hr/>			
	Who made the payment, if not debtor? <hr/>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$ _____
Trustee <hr/>			

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. See attached Rider 6.13 _____ \$ _____

Address

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor

Who received transfer?

13.2. _____ \$ _____

Address

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
---------	--------------------	--

14.1. See attached Rider 7.14 _____ From _____ To _____
Street _____

City _____ State _____ ZIP Code _____

14.2. _____ From _____ To _____
Street _____

City _____ State _____ ZIP Code _____

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. See attached Rider 8.15

Facility name

Street

City State ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City State ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. Patient medical and insurance info, address, phone, dob & soc sec.nos.

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☒ Yes. Fill in below:

Name of plan

Employer identification number of the plan

Oaktree Medical Centre, PC Retirement Plan

EIN: 58-2332081

Has the plan been terminated?

- ☒ No
☐ Yes

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	See attached Rider 10.18 Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	_____ Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____ _____			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
See attached Rider 10.20 Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____ _____			

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____
25.2.	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____
25.3.	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26a.1.	<u>Christine Ouellette</u> Name <u>7 Stono Drive</u> Street <u>Greenville</u> <u>SC</u> <u>29609</u> City State ZIP Code	From <u>4/11/16</u> To <u>8/22/19</u>

	Name and address	Dates of service
26a.2.	<u>David Webb</u> Name <u>220 Chelsea Place Ave.</u> Street <u>Ormond Beach</u> <u>FL</u> <u>32174</u> City State ZIP Code	From <u>4/6/15</u> To <u>3/8/19</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26b.1.	<u>Elliott Davis, LLC</u> Name <u>200 E. Broad Street</u> Street <u>Greenville</u> <u>SC</u> <u>29601</u> City State ZIP Code	From _____ To <u>present</u>

	Name and address	Dates of service
26b.2.	<u>Dixon Hughes Goodman, LP</u> Name <u>11 Brendan Way</u> Street <u>Greenville</u> <u>SC</u> <u>29615</u> City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	<u>See attached Rider 13.26c</u> Name Street <u>City</u> <u>State</u> <u>ZIP Code</u>	

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

See attached Rider 13.26d
Name _____
Street _____
City _____ State _____ ZIP Code _____

Name and address

26d.2.

Name _____
Street _____
City _____ State _____ ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dr. Daniel A. McCollum	435 Providence Way, Easley, SC 29642	Owner / Shareholder	100%
Aaron Kibbey	1166 6th Ave., New York, NY 10036	Chief Restructuring Officer	
Timothy Daileader	630 Third Ave., 21st Floor, New York, NY 10017	Independent Board Member	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Michael Brohm	4221 River Bottom Drive, Norcross, GA 30092	Chief Executive Officer	From 4/18 To 3/19
David Webb	220 Chelsea Place Ave., Ormond Bch, FL 32174	Chief Financial Officer	From 4/15 To 3/19
			From To
			From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
See attached Rider 13.30			
Name			
Street			
City	State	ZIP Code	
Relationship to debtor			

Debtor Oaktree Medical Centre, PC Case number (if known) _____
Name

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☐ No

☒ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Oaktree Medical Centre, P.C.

EIN: 5 8 - 2 3 3 2 0 8 1

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____ - _____

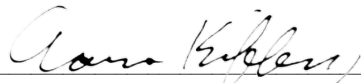
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09 / 18 / 2019
MM / DD / YYYY

x 

Signature of individual signing on behalf of the debtor

Printed name Aaron Kibbey

Position or relationship to debtor Chief Restructuring Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers, including expense reimbursements, to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.1	ACCIDENT FUND (WORKERS COMP)-EFT PO BOX 77000 DEPT 77125 DETROIT, MI 48277-0125	07/15/2019	\$4,046.90	OTHER INSURANCE
		08/12/2019	\$3,988.48	OTHER INSURANCE
		SUBTOTAL	\$8,035.38	
3.2	ACCOMTEPS - ROBERT HALF 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	07/05/2019	\$3,445.34	TEMP SERVICES
		07/19/2019	\$6,415.06	TEMP SERVICES
		08/26/2019	\$5,607.16	TEMP SERVICES
		SUBTOTAL	\$15,467.56	
3.3	AGILENT TECHNOLOGIES, INC. 4187 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	06/21/2019	\$2,590.92	LAB SUPPLIES
		07/05/2019	\$4,016.55	LAB SUPPLIES
		07/19/2019	\$4,986.56	LAB SUPPLIES
		SUBTOTAL	\$11,594.03	
3.4	AMERICAN EXPRESS PO BOX 650448 DALLAS, TX 75265-0448	07/12/2019	\$29,524.40	CREDIT CARD
		08/19/2019	\$5,000.00	CREDIT CARD
		SUBTOTAL	\$34,524.40	
3.5	ASBURY MED-SURE, LLC (ROGER YAPP) 1560 ASBURY AVE WINNETKA, IL 60093	07/12/2019	\$24,813.08	PROFESSIONAL FEES
		SUBTOTAL	\$24,813.08	
3.6	BIOVENTUS LLC PO BOX 732823 DALLAS, TX 75373-2823	06/28/2019	\$900.00	DIRECT MEDICAL
		07/05/2019	\$7,800.00	DIRECT MEDICAL
		SUBTOTAL	\$8,700.00	
3.7	BMC GROUP INC 600 FIRST AVE SEATTLE, WA 98104	08/22/2019	\$12,500.00	PROFESSIONAL FEES
		09/12/2019	\$2,460.00	PROFESSIONAL FEES
		SUBTOTAL	\$14,960.00	
3.8	BOSTON SCIENTIFIC CORP PO BOX 951653 DALLAS, TX 75395-1653	06/21/2019	\$3,515.15	DIRECT MEDICAL
		06/28/2019	\$2,338.21	DIRECT MEDICAL
		07/05/2019	\$2,786.03	DIRECT MEDICAL
		07/12/2019	\$860.26	DIRECT MEDICAL
		07/19/2019	\$5,090.30	DIRECT MEDICAL
		SUBTOTAL	\$14,589.95	
3.9	COFFEY FAMILY MEDICAL 281 UNDERPASS DR ONEIDA, TN 37841	06/20/2019	\$55,000.00	INTERCOMPANY TRANSFER
		06/28/2019	\$4,190.80	INTERCOMPANY TRANSFER
		07/03/2019	\$80,000.00	INTERCOMPANY TRANSFER
		07/18/2019	\$30,000.00	INTERCOMPANY TRANSFER
		SUBTOTAL	\$169,190.80	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers, including expense reimbursements, to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.10	COVERYS (MALPRACTICE) PO BOX 981024 BOSTON, MA 02298	06/28/2019	\$9,164.00	MALPRACTICE INSURANCE
		SUBTOTAL	\$9,164.00	
3.11	DYNAMIC QUEST FKA ENROUTE 4821 KOGER BLVD GREENSBORO, NC 27407	07/12/2019	\$31,177.74	IT SERVICES
		08/16/2019	\$32,361.60	IT SERVICES
		SUBTOTAL	\$63,539.34	
3.12	FAGRON STERILE SERVICES (JCB) 8710 E 34TH ST. N WICHITA, KS 67226	06/21/2019	\$660.00	DIRECT MEDICAL
		06/28/2019	\$1,402.50	DIRECT MEDICAL
		07/05/2019	\$2,227.50	DIRECT MEDICAL
		07/12/2019	\$1,443.75	DIRECT MEDICAL
		07/19/2019	\$1,155.00	DIRECT MEDICAL
		SUBTOTAL	\$6,888.75	
3.13	FIDUS INVESTMENT CORPORATION AS LENDER AND COLLATERAL AGENT 1603 ORRINGTON #810 EVANSTON, IL 60201	09/09/2019	\$206,000.00	PAYMENT FOR LIEN RELEASE
		09/17/2019	\$57,037.50	PAYMENT FOR LIEN RELEASE
		SUBTOTAL	\$263,037.50	
3.14	FIRST CITIZENS BANK-VISA PO BOX 63038 CHARLOTTE, NC 28263-3038	06/28/2019	\$15,349.35	CREDIT CARD
		SUBTOTAL	\$15,349.35	
3.15	GOS-GREENVILLE OFFICE SUPPLY PO BOX 3358 GREENVILLE, SC 29602	06/21/2019	\$2,615.64	OFFICE SUPPLIES
		06/28/2019	\$3,107.39	OFFICE SUPPLIES
		07/05/2019	\$2,763.65	OFFICE SUPPLIES
		07/12/2019	\$1,146.60	OFFICE SUPPLIES
		07/19/2019	\$369.30	OFFICE SUPPLIES
		SUBTOTAL	\$10,002.58	
3.16	HENRY SCHEIN PO BOX 371952 PITTSBURG, PA 15250-7952	06/21/2019	\$3,025.73	DIRECT MEDICAL
		06/28/2019	\$7,624.05	DIRECT MEDICAL
		07/05/2019	\$9,436.41	DIRECT MEDICAL
		07/12/2019	\$7,633.47	DIRECT MEDICAL
		07/19/2019	\$7,805.17	DIRECT MEDICAL
		07/26/2019	\$10,297.97	DIRECT MEDICAL
		SUBTOTAL	\$45,822.80	
3.17	HI-BLUECHOICE HEALTHPLAN PO BOX 6000 COLUMBIA, SC 29260-6000	07/19/2019	\$153,381.00	HEALTH INSURANCE
		08/14/2019	\$153,490.25	HEALTH INSURANCE
		SUBTOTAL	\$306,871.25	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

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☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.18	HI-LINCOLN NATIONAL LIFE INSURANCE CO. PO BOX 0821 CAROL STREAM, IL 60132-0821	07/19/2019	\$9,706.82	OTHER INSURANCE
		SUBTOTAL	\$9,706.82	
3.19	HI-LINCOLN NATIONAL LIFE-DENTAL PO BOX 0821 CAROL STREAM, IL 60132	08/02/2019	\$9,503.42	OTHER INSURANCE
		08/09/2019	\$9,119.90	OTHER INSURANCE
		SUBTOTAL	\$18,623.32	
3.20	HI-PROBENEFITS, INC. - EFT PO BOX 896200 CHARLOTTE, NC 28289	06/25/2019	\$2,983.53	OTHER INSURANCE
		07/09/2019	\$4,915.12	OTHER INSURANCE
		07/23/2019	\$8,016.89	OTHER INSURANCE
		08/06/2019	\$8,235.55	OTHER INSURANCE
		08/26/2019	\$4,590.14	EMPLOYEE BENEFITS
		SUBTOTAL	\$28,741.23	
3.21	HI-PRUDENTIAL GROUP INSURANCE PO BOX 101241 ATLANTA, GA 30392-1241	08/02/2019	\$10,203.41	OTHER INSURANCE
		SUBTOTAL	\$10,203.41	
3.22	HURON CONSULTING SERVICES, LLC 4795 PAYSPIRE CIRCLE CHICAGO, IL 60674	06/28/2019	\$199,402.26	PROFESSIONAL FEES
		08/09/2019	\$234,396.57	PROFESSIONAL FEES
		08/28/2019	\$56,000.00	PROFESSIONAL FEES
		09/11/2019	\$188,000.00	PROFESSIONAL FEES
		09/17/2019	\$64,179.55	PROFESSIONAL FEES
		09/18/2019	\$148,734.00	PROFESSIONAL FEES
		SUBTOTAL	\$890,712.38	
3.23	IMMEDION, LLC PO BOX 745116 ATLANTA, GA 30374-5116	06/21/2019	\$2,125.00	IT SUPPORT
		07/05/2019	\$10,800.45	IT SUPPORT
		09/06/2019	\$6,319.70	IT SERVICES
		SUBTOTAL	\$19,245.15	
3.24	ION TECHNOLOGY SUPPORT INC 1204 COPELAND OAKS DRIVE MORRISVILLE, NC 27560	06/28/2019	\$6,444.00	LAB SUPPLIES
		07/05/2019	\$2,550.00	LAB SUPPLIES
		SUBTOTAL	\$8,994.00	
3.25	MCGUIREWOODS LLP ATTN: ACCOUNTS RECEIVABLE 800 E CANAL STREET RICHMOND, VA 23219-3916	06/28/2019	\$213,699.63	PROFESSIONAL FEES
		08/09/2019	\$163,808.60	PROFESSIONAL FEES
		08/23/2019	\$150,000.00	PROFESSIONAL FEES
		08/28/2019	\$50,000.00	PROFESSIONAL FEES
		09/11/2019	\$84,000.00	PROFESSIONAL FEES
		09/18/2019	\$61,620.00	PROFESSIONAL FEES
		SUBTOTAL	\$723,128.23	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

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☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.26	MCKESSON MEDICAL-SURGICAL PO BOX 634404 CINCINNATI, OH 45263-4404	06/21/2019	\$759.32	DIRECT MEDICAL
		07/12/2019	\$9,206.85	DIRECT MEDICAL
		07/19/2019	\$404.19	DIRECT MEDICAL
		SUBTOTAL	\$10,370.36	
3.27	MEDTRONIC INC. USA PO BOX 409201 ATLANTA, GA 30384-9201	06/28/2019	\$9,561.21	DIRECT MEDICAL
		07/19/2019	\$455.80	DIRECT MEDICAL
		SUBTOTAL	\$10,017.01	
3.28	RE - ROJAS LANDSCAPING, LLC (1099) 228 OLD CEDAR ROCK RD EASLEY, SC 29640	06/21/2019	\$5,160.00	VENDOR
		07/05/2019	\$5,365.00	VENDOR
		07/19/2019	\$8,222.50	VENDOR
		SUBTOTAL	\$18,747.50	
3.29	RENT - DOUBLE DUTCH - MYRTLE BEACH 1801 NEW HANOVER MEDICAL PARK DRIVE WILMINGTON, NC 28403	07/03/2019	\$8,317.55	RENT
		SUBTOTAL	\$8,317.55	
3.30	RENT - GREAT HERON - W COLUMBIA EFT FRANK HAHNE 208 BARNACLE CIRCLE LEXINGTON, SC 29072	07/03/2019	\$7,460.00	RENT
		SUBTOTAL	\$7,460.00	
3.31	RENT - GROVE 1005 - GROVE RD GREENVILLE 25 AIRPARK COURT GREENVILLE, SC 29607	07/03/2019	\$23,450.81	RENT - RELATED PARTY
		08/15/2019	\$23,317.45	RENT - RELATED PARTY
		SUBTOTAL	\$46,768.26	
3.32	RENT - HIGHLAND CENTER DRIVE- COLUMBIA C/O TRINITY PARTNERS MANAGEMENT - AR 440 S CHURCH ST, STE 800 CHARLOTTE, NC 28202	07/03/2019	\$11,079.12	RENT
		SUBTOTAL	\$11,079.12	
3.33	RENT - INFINITY ENTERPRISES - FLORENCE C/O DR DEAN BANKS 9303 VENEZIA CIRCLE MYRTLE BEACH, SC 29579	07/03/2019	\$26,029.83	RENT
		SUBTOTAL	\$26,029.83	
3.34	RENT - MARY BLACK HEALTH - SPARTANBURG SRHS-ACCOUNTING ATTN: DANA HORTON SPARTANBURG, SC 29303	07/03/2019	\$24,048.44	RENT
		SUBTOTAL	\$24,048.44	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

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☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.35	SC DEPARTMENT OF REVENUE WITHHOLDING -EFT WITHHOLDING COLUMBIA, SC 29214-0004	06/20/2019	\$8,900.00	IRS RE-PAYMENT
		07/22/2019	\$8,900.00	IRS RE-PAYMENT
		08/20/2019	\$8,900.00	IRS RE-PAYMENT
		SUBTOTAL	\$26,700.00	
3.36	SE CONSTRUCTION, LLC PO BOX 428 PIEDMONT, SC 29673	06/28/2019	\$3,490.00	REPAIRS
		07/12/2019	\$2,100.00	REPAIRS
		07/19/2019	\$2,100.00	REPAIRS
		SUBTOTAL	\$7,690.00	
3.37	SOUTH STATE BANK 200 EAST BROAD STREET, SUITE 100 GREENVILLE, SC 29601	07/08/2019	\$2,181.42	BANK FEES
		08/07/2019	\$2,864.95	BANK FEES
		08/30/2019	\$15.00	BANK FEES
		09/09/2019	\$2,389.66	BANK FEES
		SUBTOTAL	\$7,451.03	
3.38	TIM DAILEADER (DRIVETRAIN) EFT 257 CENTRAL PARK WEST APT 7A NEW YORK, NY 10024	07/12/2019	\$45,979.53	PROFESSIONAL FEES
		SUBTOTAL	\$45,979.53	
3.39	TRIZETTO DEPT CH 16897 PALATINE, IL 60055-6897	07/19/2019	\$13,084.98	BILLING SYSTEM
		08/02/2019	\$14,927.79	BILLING SYSTEM
		SUBTOTAL	\$28,012.77	
3.40	TSYS HEALTH SERVICES 12202 AIRPORT WAY SUITE 100 BROOMFIELD, CO 80021	06/27/2019	\$70.00	BILLING SYSTEM
		07/10/2019	\$4,932.97	BILLING SYSTEM
		07/22/2019	\$762.31	BILLING SYSTEM
		07/23/2019	\$145.00	BILLING SYSTEM
		08/02/2019	\$197.00	BILLING SYSTEM
		08/12/2019	\$5,163.38	BILLING SYSTEM
		08/15/2019	\$60.00	BILLING SYSTEM
		08/20/2019	\$75.00	BILLING SYSTEM
		SUBTOTAL	\$11,405.66	
3.41	UNITED STATES TREASURY IRS C/O INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0202	06/25/2019	\$100,000.00	IRS RE-PAYMENT
		07/25/2019	\$100,000.00	IRS RE-PAYMENT
		SUBTOTAL	\$200,000.00	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers, including expense reimbursements, to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
3.42	UPS - 0EY445 - OMC LAB PO BOX 7247-0244 PHILADELPHIA, PA 19170-0001	06/21/2019	\$1,124.02	SHIPPING
		06/28/2019	\$1,257.14	SHIPPING
		07/05/2019	\$888.54	SHIPPING
		07/12/2019	\$1,042.42	SHIPPING
		07/19/2019	\$1,116.08	SHIPPING
		07/26/2019	\$922.85	SHIPPING
		08/02/2019	\$915.07	SHIPPING
		08/09/2019	\$868.15	SHIPPING
		08/15/2019	\$568.70	SHIPPING
		08/23/2019	\$465.84	SHIPPING COSTS
		SUBTOTAL	\$9,168.81	
3.43	US BANK EQUIPMENT FINANCE 1310 MADRID DT MARSHALL, MN 56258	06/21/2019	\$5,333.75	EQUIPMENT LEASE
		07/22/2019	\$5,333.75	EQUIPMENT LEASE
		SUBTOTAL	\$10,667.50	
3.44	US COMPOUNDING 1270 DON'S LANE CONWAY, AR 72032	06/21/2019	\$5,250.00	DIRECT MEDICAL
		07/05/2019	\$4,150.00	DIRECT MEDICAL
		SUBTOTAL	\$9,400.00	
3.45	WEST INVESTMENT HOLDINGS, LLC 1603 ORRINGTON #810 EVANSTON, IL 60201	09/09/2019	\$206,000.00	PAYMENT FOR LIEN RELEASE
		09/17/2019	\$57,037.50	PAYMENT FOR LIEN RELEASE
		SUBTOTAL	\$263,037.50	
3.46	WILLIS OF NORTH CAROLINA, INC. EFT 29754 NETWORK PLACE CHICAGO, IL 60673-1297	08/01/2019	\$179,735.00	D&O INSURANCE
		09/17/2019	\$79,500.00	MALPRACTICE INSURANCE
		SUBTOTAL	\$259,235.00	
3.47	XACT DATA DISCOVERY DBA XACT DATA DISCOVERY 5800 FOXRIDGE DR, STE 406 MISSION, KS 66202	07/12/2019	\$20,000.00	DATA SERVICES
			\$20,000.00	
		SUBTOTAL	\$20,000.00	
		TOTAL	\$3,793,491.18	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1	BROHM, MICHAEL 7203 GLEN FOREST DR GREENVILLE, SC 29607	9/28/2018	\$938.31	1099 PAYMENT
		9/28/2018	\$12,634.21	WAGES, NET
	Relationship to debtor FORMER CHIEF EXECUTIVE OFFICER	10/12/2018	\$938.31	1099 PAYMENT
		10/12/2018	\$12,838.97	WAGES, NET
		10/26/2018	\$938.31	1099 PAYMENT
		10/26/2018	\$13,466.07	WAGES, NET
		11/9/2018	\$938.31	1099 PAYMENT
		11/9/2018	\$13,462.81	WAGES, NET
		11/23/2018	\$938.31	1099 PAYMENT
		11/23/2018	\$13,462.81	WAGES, NET
		12/5/2018	\$938.31	1099 PAYMENT
		12/7/2018	\$12,089.90	WAGES, NET
		12/19/2018	\$938.31	1099 PAYMENT
		12/21/2018	\$12,089.91	WAGES, NET
		1/4/2019	\$938.31	1099 PAYMENT
		1/4/2019	\$11,060.91	WAGES, NET
		1/16/2019	\$938.31	1099 PAYMENT
		1/18/2019	\$11,062.15	WAGES, NET
		1/30/2019	\$938.31	1099 PAYMENT
		2/1/2019	\$11,062.15	WAGES, NET
		2/14/2019	\$938.31	1099 PAYMENT
		2/15/2019	\$11,062.14	WAGES, NET
		2/28/2019	\$938.31	1099 PAYMENT
		3/1/2019	\$10,237.12	WAGES, NET
		3/29/2019	\$1,806.44	WAGES, NET
		8/16/2019	\$1,450.00	1099 PAYMENT
		SUBTOTAL	\$159,045.31	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.2 COFFEY FAMILY MEDICAL 281 UNDERPASS DR ONEIDA, TN 37841	9/27/2018	\$25,000.00	CASH FUNDING FOR OPERATIONS
	9/28/2018	\$15,000.00	CASH FUNDING FOR OPERATIONS
	10/2/2018	\$1,004.01	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
Relationship to debtor MANAGED BY OAKTREE MEDICAL CENTRE, LLC	10/9/2018	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/23/2018	\$25.06	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/24/2018	\$158.20	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/24/2018	\$150.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/24/2018	\$151.25	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/25/2018	\$47.39	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	10/25/2018	\$6,747.87	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	11/7/2018	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	11/12/2018	\$95.20	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/1/2018	\$14,116.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/7/2018	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/19/2018	\$29.68	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/19/2018	\$148.79	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/20/2018	\$1,354.26	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/23/2018	\$5,332.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	12/31/2018	\$47,897.00	CASH FUNDING FOR OPERATIONS
	1/7/2019	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	2/4/2019	\$4,755.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	2/7/2019	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	2/14/2019	\$70,000.00	CASH FUNDING OF PAYROLL
	2/28/2019	\$140,875.91	CASH FUNDING OF PAYROLL
	3/7/2019	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	3/14/2019	\$255.58	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	3/15/2019	\$25,000.00	CASH FUNDING FOR OPERATIONS
	3/28/2019	\$453.95	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	4/1/2019	\$1,950.75	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	4/8/2019	\$1,752.43	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/1/2019	\$1,033.05	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/7/2019	\$412.57	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/20/2019	\$433.57	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/20/2019	\$44.45	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/21/2019	\$31.27	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	5/21/2019	\$172.32	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	6/7/2019	\$6,900.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	6/20/2019	\$55,000.00	CASH FUNDING FOR OPERATIONS
	7/3/2019	\$80,000.00	CASH FUNDING FOR OPERATIONS
	7/10/2019	\$182.83	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/10/2019	\$155.23	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/10/2019	\$45.75	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/11/2019	\$45.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/11/2019	\$121.99	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/18/2019	\$30,000.00	CASH FUNDING FOR OPERATIONS
	7/23/2019	\$44.20	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/23/2019	\$94.50	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	7/24/2019	\$161.81	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	SUBTOTAL	\$547,693.45	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.3	COREY SMITH 111 BROOK STONE DR EASLEY, SC 29642	9/28/2018	UNKNOWN	WAGES, NET
		10/12/2018	UNKNOWN	WAGES, NET
		10/26/2018	UNKNOWN	WAGES, NET
	Relationship to debtor	11/9/2018	UNKNOWN	WAGES, NET
	NEPHEW OF OAKTREE MEDICAL CENTRE PC OWNER	11/23/2018	UNKNOWN	WAGES, NET
		12/7/2018	UNKNOWN	WAGES, NET
		12/21/2018	UNKNOWN	WAGES, NET
		1/4/2019	UNKNOWN	WAGES, NET
		1/18/2019	UNKNOWN	WAGES, NET
		2/1/2019	UNKNOWN	WAGES, NET
		2/15/2019	UNKNOWN	WAGES, NET
		3/1/2019	UNKNOWN	WAGES, NET
		3/15/2019	UNKNOWN	WAGES, NET
		3/29/2019	UNKNOWN	WAGES, NET
		4/12/2019	UNKNOWN	WAGES, NET
		4/26/2019	UNKNOWN	WAGES, NET
		5/10/2019	UNKNOWN	WAGES, NET
		5/24/2019	UNKNOWN	WAGES, NET
		6/7/2019	UNKNOWN	WAGES, NET
		6/21/2019	UNKNOWN	WAGES, NET
		7/5/2019	UNKNOWN	WAGES, NET
		7/19/2019	UNKNOWN	WAGES, NET
		8/2/2019	UNKNOWN	WAGES, NET
		8/16/2019	UNKNOWN	WAGES, NET
	8/30/2019	UNKNOWN	WAGES, NET	
SUBTOTAL			UNKNOWN	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.4	DALTON, MANDY 247 AUDUBON ACRES DRIVE EASLEY, SC 29642	9/28/2018	UNKNOWN	WAGES, NET
		10/12/2018	UNKNOWN	WAGES, NET
	Relationship to debtor EX-WIFE OF OAKTREE MEDICAL CENTRE PC OWNER	10/26/2018	UNKNOWN	WAGES, NET
		11/9/2018	UNKNOWN	WAGES, NET
		11/23/2018	UNKNOWN	WAGES, NET
		12/7/2018	UNKNOWN	WAGES, NET
		12/21/2018	UNKNOWN	WAGES, NET
		1/4/2019	UNKNOWN	WAGES, NET
		1/18/2019	UNKNOWN	WAGES, NET
		2/1/2019	UNKNOWN	WAGES, NET
		2/15/2019	UNKNOWN	WAGES, NET
		3/1/2019	UNKNOWN	WAGES, NET
		3/15/2019	UNKNOWN	WAGES, NET
		3/29/2019	UNKNOWN	WAGES, NET
		4/12/2019	UNKNOWN	WAGES, NET
		4/26/2019	UNKNOWN	WAGES, NET
		5/10/2019	UNKNOWN	WAGES, NET
		5/24/2019	UNKNOWN	WAGES, NET
		6/7/2019	UNKNOWN	WAGES, NET
		6/21/2019	UNKNOWN	WAGES, NET
		7/5/2019	UNKNOWN	WAGES, NET
		7/19/2019	UNKNOWN	WAGES, NET
		8/2/2019	UNKNOWN	WAGES, NET
		8/16/2019	UNKNOWN	WAGES, NET
		8/30/2019	UNKNOWN	WAGES, NET
		SUBTOTAL	UNKNOWN	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

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☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.5 DANIEL MCCOLLUM 435 PROVIDENCE DR EASLEY, SC 29642 Relationship to debtor 100% OWNERSHIP INTEREST IN DEBTOR	9/28/2018	\$13,813.80	1099 PAYMENT
	9/28/2018	\$8,604.95	WAGES, NET
	10/12/2018	\$13,813.80	1099 PAYMENT
	10/12/2018	\$8,604.95	WAGES, NET
	10/26/2018	\$13,813.80	1099 PAYMENT
	10/26/2018	\$8,608.24	WAGES, NET
	11/9/2018	\$13,813.80	1099 PAYMENT
	11/9/2018	\$8,604.94	WAGES, NET
	11/23/2018	\$13,813.80	1099 PAYMENT
	11/23/2018	\$8,604.95	WAGES, NET
	12/7/2018	\$13,813.80	1099 PAYMENT
	12/7/2018	\$8,604.95	WAGES, NET
	12/21/2018	\$13,813.80	1099 PAYMENT
	12/21/2018	\$8,604.94	WAGES, NET
	1/4/2019	\$13,813.80	1099 PAYMENT
	1/4/2019	\$26,751.41	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	1/4/2019	\$7,092.13	WAGES, NET
	1/18/2019	\$5,379.38	WAGES, NET
	1/22/2019	\$13,813.80	1099 PAYMENT
	2/1/2019	\$13,813.80	1099 PAYMENT
	2/1/2019	\$5,379.38	WAGES, NET
	2/15/2019	\$13,813.80	1099 PAYMENT
	2/15/2019	\$5,379.37	WAGES, NET
	3/1/2019	\$13,813.80	1099 PAYMENT
	3/1/2019	\$5,379.38	WAGES, NET
	3/14/2019	\$13,813.80	1099 PAYMENT
	3/15/2019	\$5,379.37	WAGES, NET
	3/28/2019	\$13,813.80	1099 PAYMENT
	3/29/2019	\$5,460.37	WAGES, NET
	4/11/2019	\$13,813.80	1099 PAYMENT
	4/12/2019	\$5,379.37	WAGES, NET
	4/26/2019	\$13,813.80	1099 PAYMENT
	4/26/2019	\$5,379.38	WAGES, NET
	5/9/2019	\$13,813.80	1099 PAYMENT
	5/10/2019	\$5,379.38	WAGES, NET
	5/23/2019	\$13,813.80	1099 PAYMENT
	5/24/2019	\$5,379.37	WAGES, NET
	6/6/2019	\$13,813.80	1099 PAYMENT
	6/7/2019	\$5,379.38	WAGES, NET
	6/20/2019	\$13,813.80	1099 PAYMENT
	6/21/2019	\$5,411.96	WAGES, NET
	7/3/2019	\$13,813.80	1099 PAYMENT
	7/5/2019	\$5,942.65	WAGES, NET
	7/19/2019	\$5,942.65	WAGES, NET
	8/2/2019	\$2,678.49	WAGES, NET
	8/16/2019	\$1,648.06	WAGES, NET
SUBTOTAL		\$465,049.20	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.6	EXIGO 25 AIRPARK COURT GREENVILLE, SC 29607 Relationship to debtor 100% OWNED BY DEBTOR'S OWNER	9/27/2018	\$5,000.00	CASH FUNDING FOR OPERATIONS
		9/27/2018	\$1,000.00	CASH FUNDING FOR OPERATIONS
		10/10/2018	\$110,805.95	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		12/11/2018	\$300.00	CASH FUNDING FOR OPERATIONS
		12/12/2018	\$1,000.00	CASH FUNDING FOR OPERATIONS
		2/14/2019	\$8,500.00	CASH FUNDING FOR OPERATIONS
		2/14/2019	\$10,000.00	CASH FUNDING FOR OPERATIONS
		2/14/2019	\$10,000.00	CASH FUNDING FOR OPERATIONS
		2/22/2019	\$2,000.00	CASH FUNDING FOR OPERATIONS
		2/28/2019	\$8,500.00	CASH FUNDING FOR OPERATIONS
		3/14/2019	\$5,000.00	CASH FUNDING FOR OPERATIONS
		3/22/2019	\$13,000.00	CASH FUNDING FOR OPERATIONS
		3/27/2019	\$10,000.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		5/8/2019	\$550.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		5/10/2019	\$5,000.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		5/21/2019	\$102.21	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		5/23/2019	\$5,000.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		6/7/2019	\$5,500.00	CASH FUNDING FOR OPERATIONS
		6/11/2019	\$5,000.00	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		7/3/2019	\$3,100.00	CASH FUNDING FOR OPERATIONS
		7/19/2019	\$1,000.00	CASH FUNDING FOR OPERATIONS
		SUBTOTAL	\$210,358.16	
4.7	GRANADA NEIL (1099) - BAM 1399 ASHLEYBROOK LANE SUITE 100 WINSTON SALEM, NC 27103 Relationship to debtor FRIENDLY SHAREHOLDER OF PMA OF NC	10/12/2018	\$2,500.00	1099 PAYMENT
		11/16/2018	\$2,500.00	1099 PAYMENT
		12/7/2018	\$2,500.00	1099 PAYMENT
		1/4/2019	\$2,500.00	1099 PAYMENT
		1/25/2019	\$2,500.00	1099 PAYMENT
		2/14/2019	\$2,500.00	1099 PAYMENT
		3/7/2019	\$1,134.00	1099 PAYMENT
		3/14/2019	\$2,500.00	1099 PAYMENT
		4/15/2019	\$2,500.00	1099 PAYMENT
		5/15/2019	\$2,500.00	1099 PAYMENT
		6/14/2019	\$2,500.00	1099 PAYMENT
		7/15/2019	\$2,500.00	1099 PAYMENT
		8/15/2019	\$2,500.00	1099 PAYMENT
		SUBTOTAL	\$31,134.00	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

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☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.8 JOSEPH O' QUINN 12 KETTERING COURT EASLEY, SC 29642 Relationship to debtor 100% OWNER OF FIRST CHOICE HEALTHCARE	9/28/2018	\$6,633.49	WAGES, NET
	10/12/2018	\$6,634.49	WAGES, NET
	10/26/2018	\$6,635.49	WAGES, NET
	11/9/2018	\$6,636.49	WAGES, NET
	11/23/2018	\$6,637.49	WAGES, NET
	12/7/2018	\$6,638.49	WAGES, NET
	12/21/2018	\$6,639.49	WAGES, NET
	1/4/2019	\$6,640.49	WAGES, NET
	1/18/2019	\$6,641.49	WAGES, NET
	2/1/2019	\$6,642.49	WAGES, NET
	2/15/2019	\$6,643.49	WAGES, NET
	3/1/2019	\$6,644.49	WAGES, NET
	3/15/2019	\$6,645.49	WAGES, NET
	3/29/2019	\$6,646.49	WAGES, NET
	4/12/2019	\$6,647.49	WAGES, NET
	4/26/2019	\$6,648.49	WAGES, NET
	5/10/2019	\$6,649.49	WAGES, NET
	5/24/2019	\$6,650.49	WAGES, NET
	6/7/2019	\$6,651.49	WAGES, NET
	6/21/2019	\$6,652.49	WAGES, NET
	7/5/2019	\$6,653.49	WAGES, NET
	7/19/2019	\$6,654.49	WAGES, NET
	8/2/2019	\$6,655.49	WAGES, NET
	8/16/2019	\$6,656.49	WAGES, NET
	8/30/2019	\$6,657.49	WAGES, NET
SUBTOTAL		\$166,137.25	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.9 JOSEPH O' QUINN/JWO ENTE (1099) BAM JWO ENTERPRISE, LLC 12 KETTERING CT EASLEY, SC 29642 Relationship to debtor 100% OWNER OF FIRST CHOICE HEALTHCARE	9/28/2018	\$3,846.15	1099 PAYMENT
	10/12/2018	\$3,846.15	1099 PAYMENT
	10/26/2018	\$11,846.15	1099 PAYMENT
	11/9/2018	\$3,846.15	1099 PAYMENT
	11/23/2018	\$3,846.15	1099 PAYMENT
	12/5/2018	\$3,846.15	1099 PAYMENT
	12/19/2018	\$3,846.15	1099 PAYMENT
	1/4/2019	\$3,846.15	1099 PAYMENT
	1/16/2019	\$3,846.15	1099 PAYMENT
	1/30/2019	\$3,846.15	1099 PAYMENT
	2/14/2019	\$3,846.15	1099 PAYMENT
	2/28/2019	\$3,846.15	1099 PAYMENT
	3/14/2019	\$3,846.15	1099 PAYMENT
	3/28/2019	\$3,846.15	1099 PAYMENT
	4/11/2019	\$3,846.15	1099 PAYMENT
	4/26/2019	\$3,846.15	1099 PAYMENT
	5/10/2019	\$3,846.15	1099 PAYMENT
	5/23/2019	\$3,846.15	1099 PAYMENT
	6/6/2019	\$3,846.15	1099 PAYMENT
	6/20/2019	\$3,846.15	1099 PAYMENT
	6/28/2019	\$600.00	1099 PAYMENT
	7/3/2019	\$3,846.15	1099 PAYMENT
	7/18/2019	\$3,846.15	1099 PAYMENT
	7/26/2019	\$155.00	1099 PAYMENT
	8/1/2019	\$3,846.15	1099 PAYMENT
	8/15/2019	\$3,846.15	1099 PAYMENT
	8/29/2019	\$3,846.15	1099 PAYMENT
	9/17/2019	\$12,980.77	1099 PAYMENT
SUBTOTAL		\$117,889.52	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.10	MCCOLLUM, JAMES 409 HAVERHILL CIRCLE EASLEY, SC 29642 Relationship to debtor RELATIVE OF OWNER	9/21/2018	\$557.15	1099 PAYMENT
		10/5/2018	\$1,606.13	1099 PAYMENT
		10/19/2018	\$401.28	1099 PAYMENT
		11/2/2018	\$654.18	1099 PAYMENT
		11/16/2018	\$351.50	1099 PAYMENT
		11/30/2018	\$363.50	1099 PAYMENT
		12/14/2018	\$391.22	1099 PAYMENT
		12/28/2018	\$1,622.08	1099 PAYMENT
		1/11/2019	\$298.52	1099 PAYMENT
		1/25/2019	\$687.86	1099 PAYMENT
		2/8/2019	\$900.68	1099 PAYMENT
		2/22/2019	\$1,538.84	1099 PAYMENT
		3/8/2019	\$441.37	1099 PAYMENT
		3/22/2019	\$309.49	1099 PAYMENT
		4/5/2019	\$500.94	1099 PAYMENT
		4/19/2019	\$346.39	1099 PAYMENT
		5/3/2019	\$852.50	1099 PAYMENT
		5/17/2019	\$431.03	1099 PAYMENT
		5/31/2019	\$355.36	1099 PAYMENT
		6/14/2019	\$502.33	1099 PAYMENT
		6/28/2019	\$595.42	1099 PAYMENT
		7/5/2019	\$525.00	1099 PAYMENT
		7/12/2019	\$435.12	1099 PAYMENT
		7/19/2019	\$775.00	1099 PAYMENT
		7/26/2019	\$451.47	1099 PAYMENT
		8/26/2019	\$2,319.08	1099 PAYMENT
		SUBTOTAL	\$18,213.44	
4.11	PROCARE FLIGHT, LLC 25 AIRPARK CT GREENVILLE, SC 29607 Relationship to debtor 100% OWNED BY DEBTOR'S OWNER	1/4/2019	\$26,751.41	REIMBURSEMENT FOR TRAVEL
		SUBTOTAL	\$26,751.41	
4.12	RENT - GROVE 1005 - GROVE RD GREENVILLE 25 AIRPARK COURT GREENVILLE, SC 29607 Relationship to debtor 100% OWNED BY DEBTOR'S OWNER	9/28/2018	\$35,053.00	RENT PAYMENT
		11/5/2018	\$35,053.00	RENT PAYMENT
		11/30/2018	\$22,100.00	RENT PAYMENT
		12/28/2018	\$22,000.00	RENT PAYMENT
		2/1/2019	\$22,100.00	RENT PAYMENT
		3/4/2019	\$21,000.00	RENT PAYMENT
		3/14/2019	\$938.31	1099 PAYMENT
		3/29/2019	\$23,412.12	RENT PAYMENT
		5/3/2019	\$21,924.82	RENT PAYMENT
		5/31/2019	\$21,929.38	RENT PAYMENT
		7/3/2019	\$23,450.81	RENT PAYMENT
		8/15/2019	\$23,317.45	RENT PAYMENT
		SUBTOTAL	\$272,278.89	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

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☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.13	TIM DAILEADER (DRIVETRAIN) EFT 257 CENTRAL PARK WEST APT 7A NEW YORK, NY 10024	10/19/2018	\$23,024.32	INDEPENDENT BOARD MEMBER FEES
		3/12/2019	\$50,424.66	INDEPENDENT BOARD MEMBER FEES
		5/3/2019	\$46,176.19	INDEPENDENT BOARD MEMBER FEES
		7/12/2019	\$45,979.53	INDEPENDENT BOARD MEMBER FEES
	Relationship to debtor BOARD MEMBER OF DEBTOR	SUBTOTAL	\$165,604.70	
4.14	WEBB, DAVID 220 CHELSEA PLACE AVE ORMOND, FL 32174	9/28/2018	\$5,662.10	WAGES, NET
		10/12/2018	\$5,662.10	WAGES, NET
		10/26/2018	\$5,664.91	WAGES, NET
		11/9/2018	\$5,662.11	WAGES, NET
		11/23/2018	\$5,662.10	WAGES, NET
		12/7/2018	\$5,659.50	WAGES, NET
		12/21/2018	\$5,833.60	WAGES, NET
		1/4/2019	\$5,063.57	WAGES, NET
		1/18/2019	\$5,064.82	WAGES, NET
		2/1/2019	\$5,064.82	WAGES, NET
		2/15/2019	\$5,064.82	WAGES, NET
		3/1/2019	\$5,064.82	WAGES, NET
	Relationship to debtor FORMER CHIEF FINANCIAL OFFICER	SUBTOTAL	\$65,129.27	
4.15	WEBB, KIMBERLY 220 CHELSEA PLACE AVE APT A ORMOND, FL 32174	9/28/2018	UNKNOWN	WAGES, NET
		10/12/2018	UNKNOWN	WAGES, NET
		10/26/2018	UNKNOWN	WAGES, NET
		11/9/2018	UNKNOWN	WAGES, NET
		11/23/2018	UNKNOWN	WAGES, NET
		12/7/2018	UNKNOWN	WAGES, NET
		12/21/2018	UNKNOWN	WAGES, NET
		1/4/2019	UNKNOWN	WAGES, NET
		1/18/2019	UNKNOWN	WAGES, NET
		2/1/2019	UNKNOWN	WAGES, NET
		2/15/2019	UNKNOWN	WAGES, NET
		3/1/2019	UNKNOWN	WAGES, NET
		3/15/2019	UNKNOWN	WAGES, NET
		3/29/2019	UNKNOWN	WAGES, NET
		4/12/2019	UNKNOWN	WAGES, NET
		4/26/2019	UNKNOWN	WAGES, NET
		5/10/2019	UNKNOWN	WAGES, NET
		5/24/2019	UNKNOWN	WAGES, NET
		6/7/2019	UNKNOWN	WAGES, NET
	6/21/2019	UNKNOWN	WAGES, NET	
Relationship to debtor SPOUSE OF FORMER CHIEF FINANCIAL OFFICER	SUBTOTAL	UNKNOWN		
TOTAL			\$2,245,284.60 PLUS UNKNOWN	

Oaktree Medical Centre, P.C.

Case Number:

Part 3: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Legal Actions of Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits within 1 year before filing this case

CASE TITLE	CASE NUMBER	NATURE OF CASE	COURT OR AGENCY'S NAME AND ADDRESS	STATUS
7.1 Georgetown Physician Services v. FCHC, Dr. Snoderly	CA No. 2017-CP-26-03112	Lawsuit from provider's former employer	15th Judicial Circuit - Horry County, SC 1301 2nd Ave., Conway, SC 29626	Active - Discovery
7.2 Leche v. EmergencyMD (v. PMA)	CA No. 2018-CP-23-01439	PMA became third-party defendant to provider's lawsuit against former employer.	13th Judicial Circuit - Greenville County, SC 305 E North St. #325, Greenville, SC 29601	Active - Discovery
7.3 Cassidy v. OMC, Dr. Morris Solis	CA No. 2018-CP-21-2365	Medical malpractice lawsuit against Dr. Morris Solis and Oaktree re: patient overdose death	12th Judicial Circuit - Florence County, SC 180 N Irby St #11 Florence, SC 29501	Active - Discovery
7.4 Elleithee v. Oaktree, Dr. Morris Solis	CA No. 2018-CP-32-03126	Medical malpractice lawsuit against Dr. Morris Solis and Oaktree	Lexington County, SC 205 E Main St Suite 309, Lexington, SC	Active - Discovery
7.5 Norma Lee Wilson v. Colton Lowe, Advanced Spine and Pain, PC, et al.	2019-CV-9264	Sexual assault claims lawsuit against former Coffey physician assistant Colton Lowe, Bruce Coffey, and CFMC/Advanced Spine and Pain	Scott County Circuit Court - TN 575 Scott High Dr #B, Huntsville, TN 37756	Active - Discovery
7.6 Donna Rauch v. OMC, McCollum, and Webb	CA No. 2019-CP-23-02961	Lawsuit from former employee alleging breach of settlement agreement from prior lawsuit	13th Judicial Circuit - Greenville County, SC 305 E North St. #325, Greenville, SC 29601	Active - Discovery
7.7 Imaging Solutions	CA No. 2017-CP-23-07952	Judgment against Oaktree PC for \$150K in North Dakota for breach of contract with leasing company	13th Judicial Circuit - Greenville County, SC 305 E North St. #325, Greenville, SC 29601	Judgment
7.8 Karen Mathewson v. OMC	EEOC #: 14C-2017-00802 and SHAC # 2-17-307D, A, RET	Age discrimination complaint from former employee	EEOC; DOL	Settled
7.9 Sapp v. FCHC, Carol Ann Berry	CA No. 2018-CP-21-862	Medical malpractice lawsuit against Carol Ann Berry (mid-level provider in Florence) and FirstChoice	12th Judicial Circuit - Florence County, SC 180 N Irby St #11 Florence, SC 29501	Settled
7.10 Stephanie Webb v. OMC	CA No. 2018-CP-32-0____; Case No.: 3:18-cv-00924-JMC-SVH	Discrimination complaint from former employee (Dr. Webb) for pregnancy and and sex discrimination	11th Judicial Circuit - Lexington County, SC; US District Court for the District of South Carolina	Settled
7.11 In re: SC Opioid Litigation	CA No. 2018-CP-23-01294	Lawsuit on behalf of county governments against dozens of pharmacies, practices, providers, etc., including CVS, Walgreens, Walmart, etc.	13th Judicial Circuit - Greenville County, SC 305 E North St. #325, Greenville, SC 29601	Active - Pleadings
7.12 Forgione Patient Complaint	N/A	Dr. Forgione received a letter from a patient's attorney, demanding that patient be released from the practice and demanding that Forgione cease harassing the patient.	N/A	Active - Awaiting response from OC
7.13 Dixon Board Complaint	2019-247	Patient complaint to the SC DLLR accusing Dr. Dixon of neglect/abandonment	South Carolina Department of Labor, Licensing and Regulation 110 Centerview Dr, Columbia, SC 29210	Active - Pending review by OIE
7.14 US v. United Allergy Services, et al.	CA No. 1:14-cv-01486.LMM	Whistleblower suit from former employee of United Allergy Services, with whom OMC did business. Suit alleges False Claims Act violations.	US District Court for the Northern District of Georgia 75 Ted Turner Dr NW, Suite 2211, Atlanta, GA 30303	Active - Pleadings
7.15 US v. OMC PC, et al.	CA No. 6:15-cv-01589-DCC-K	Consolidated whistleblower actions re False Claims Act	US District Court for the District of South Carolina 300 E Washington St #304, Greenville, SC 29601	Active - Pleadings
7.16 City of Charleston v. Purdue Pharma LO., et al	CA No. 2019-CP-10-4294	RE: South Carolina Opioid Litigation	South Carolina Court of Common Pleas Ninth Circuit District 100 Broad St Charleston, SC 29401	Active - Pending
7.17 Coffey v. Coffey Family Medical et al.	11,023	Alleged breach of lease agreement with Dr. Coffey	Scott Country Chancer Court 575 Scott High Dr. Huntsville, TN 37756	Active - Pleadings

Oaktree Medical Centre, P.C.

Case Number:

Part 3: **Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**
Legal Actions of Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits within 1 year before filing this case

	CASE TITLE	CASE NUMBER	NATURE OF CASE	COURT OR AGENCY'S NAME AND ADDRESS	STATUS
7.18	Coffey v. Coffey Family Medical et al.	11,022	Alleged breach of employment agreement with Dr. Coffey	Scott Country Chancer Court 575 Scott High Dr. Huntsville, TN 37756	Active - Pleadings

Oaktree Medical Centre, P.C.

Case Number:

Part 6: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Certain Payments or Transfers

11. Payments related to bankruptcy within 1 year prior to filing.

	Name	Address	Email or website	Who made payment, if not debtor?	If not money describe any property transferred	Dates	Total amount or value
11.1	BMC Group, Inc	600 First Avenue Seattle, WA 98104				8/22/2019	\$12,500.00
11.2	BMC Group, Inc	600 First Avenue Seattle, WA 98104				9/12/2019	\$2,460.00
11.3	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				09/30/2018	\$300,000.00
11.4	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				10/25/2018	\$50,000.00
11.5	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				11/01/2018	\$75,000.00
11.6	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				11/08/2018	\$20,515.84
11.7	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				12/31/2018	\$319,026.00
11.8	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				03/11/2019	\$983,361.25
11.9	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				05/02/2019	\$200,253.66
11.10	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				06/07/2019	\$98,624.01
11.11	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				06/14/2019	\$98,624.01
11.12	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				06/28/2019	\$199,402.26
11.13	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				08/09/2019	\$46,991.94
11.14	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				08/09/2019	\$187,404.63
11.15	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				08/28/2019	\$56,000.00
11.16	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				09/11/2019	\$188,000.00
11.17	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				09/17/2019	\$22,000.00
11.18	Huron Consulting	4795 Paysphere Circle Chicago, IL 60674				09/18/2019	\$148,734.00
11.19	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				09/21/2018	\$83,234.26
11.20	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				10/19/2018	\$24,866.62

NOTE: The payments made by Goodrich Petroleum Company, L.L.C. were on behalf of itself and related companies in contemplation of and connection with the pending bankruptcy cases filed herein.

Oaktree Medical Centre, P.C.

Case Number:

Part 6: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Certain Payments or Transfers

11. Payments related to bankruptcy within 1 year prior to filing.

	Name	Address	Email or website	Who made payment, if not debtor?	If not money describe any property transferred	Dates	Total amount or value
11.21	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				12/31/2018	\$60,000.00
11.22	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				03/12/2019	\$173,065.78
11.23	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				05/02/2019	\$236,252.63
11.24	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				06/07/2019	\$57,422.00
11.25	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				06/14/2019	\$57,422.00
11.26	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				06/28/2019	\$213,699.63
11.27	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				08/09/2019	\$163,808.60
11.28	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				08/23/2019	\$150,000.00
11.29	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				08/28/2019	\$50,000.00
11.30	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				09/11/2019	\$84,000.00
11.31	McGuireWoods LLP	Attn: Accounts Receivable 800 E. Canal Street Richmond, VA 23219-3916				09/18/2019	\$61,620.00

Oaktree Medical Centre, P.C.

Case Number:

Part 6: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Certain Payments or Transfers

13. Transfers not already listed on this statement

	Recipient of Transfer Name and address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Elite Diagnostics 9731 - J Southern Pine Blvd. Charlotte, NC 28273	Sale of FirstChoice Lab Equipment	8/23/2019	\$125,000.00
13.2	Clarity 3312 N. Oak St. Ext. Ste. B3 Valdosta, CA 31605	Sale of Other Lab Equipment (POL)	8/28/2019	\$24,000.00
13.3	Georgia MedPro LLC 125 Talmadge Dr SE Moultrie, GA 31768	Sale of West Columbia Equipment	8/29/2019	\$27,000.00
13.4	Multi Specialty Billing LLC 247 Audubon Acres Dr Easley, SC 29642 (Former Employee's Business)	Sale of Easley Storage Units	9/16/2019	\$1,000.00
13.5	Total Medical Equipment Sales and Service 1525 Morrison Parkway Alpharetta, GA 30009	Sale of Easley Clinic Equipment	9/6/2019 & 9/10/2019	\$26,000.00
13.6	Total Medical Equipment Sales and Service 1525 Morrison Parkway Alpharetta, GA 30009	Sale of Easley X-Ray	9/10/2019	\$5,000.00
13.7	Multi Specialty Billing LLC 247 Audubon Acres Dr Easley, SC 29642 (Former Employee's Business)	Sale of Easley Furniture	9/11/2019	\$7,000.00
13.8	Total Medical Equipment Sales and Service 1525 Morrison Parkway Alpharetta, GA 30009	Sale of Grove Road Clinic Equipment	9/6/2019 & 9/10/2019	\$45,000.00
13.9	Multi Specialty Billing LLC 247 Audubon Acres Dr Easley, SC 29642 (Former Employee's Business)	Sale of Grove Furniture	9/11/2019	\$5,000.00
13.10	Superior Pain Management 108 Montgomery Drive Anderson, SC 29621 (Former Employee's business)	Sale of Anderson Clinic Equipment	8/28/2019	\$35,500.00
13.11	Georgia MedPro LLC 125 Talmadge Dr SE Moultrie, GA 31768	Sale of NE Columbia Equipment	9/5/2019 & 9/10/2019	\$21,500.00
13.12	Dr. Jeffrey Farricielli MD 3912 Ashton Shore Lane Mount Pleasant, SC 29466	Sale of Florence Clinic Equipment	8/29/2019	\$22,500.00
13.13	Georgia MedPro LLC 125 Talmadge Dr SE Moultrie, GA 31768	Sale of Sumter Clinic Equipment	9/10/2019	\$25,000.00
13.14	L5+S1 Med Holdings	Sale of Sumter Clinic	9/5/2019	\$11,500.00

Oaktree Medical Centre, P.C.

Case Number:

Part 6: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Certain Payments or Transfers

13. Transfers not already listed on this statement

	Recipient of Transfer Name and address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.15	Georgia MedPro LLC 125 Talmadge Dr SE Moultrie, GA 31768	Sale of Myrtle Beach Clinic Equipment	9/5/2019 & 9/10/2019	\$28,000.00
13.16	Total Medical Equipment Sales and Service 1525 Morrison Parkway Alpharetta, GA 30009	Sale of Spartanburg X-Ray	9/10/2019	\$12,000.00
13.17	Georgia MedPro LLC 125 Talmadge Dr SE Moultrie, GA 31768	Sale of Spartanburg Clinic Equipment	9/16/2019	\$7,500.00
13.18	Multi Specialty Billing LLC 247 Audubon Acres Dr Easley, SC 29642 (Former Employee's Business)	Sale of Spartanburg Clinic Furniture	9/11/2019	\$5,000.00
13.19	Computers on Main 641 N Main St Greenville, SC 29609	Sale of IT Assets - Workstations + Monitors	9/9/2019	\$16,000.00
13.20	Dawn Richards 126 Morning Lake Drive Moore, SC 29369	Sale of 2013 Lexus ES	8/29/2019	\$6,800.00
13.21	Superior Pain Management 108 Montgomery Drive Anderson, SC 29621 (Former Employee's business)	Sale of Ultrasound Machine	9/11/2019	\$2,500.00
13.22	Toyota of Easley 5643 Calhoun Memorial Hwy Easley, SC 29642	Sale of Toyota - 2008 Matrix	9/9/2019	\$2,000.00

Oaktree Medical Centre, P.C.

Case Number:

Part 7: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Previous Locations

14. Previous addresses

	Address 1	Address 2	City	State	Zip	Dates of Occupancy	
						From	To
14.1	25 Airpark Court	Greenville	SC	29607		1/1/2016	8/30/2019
14.2	777 Lowery Road, Building 2, Suite 102	Greenville	SC	29607		1/1/2016	8/30/2019
14.3	1005 Grove Road	Greenville	SC	29605		1/1/2016	8/30/2019
14.4	108 Montgomery Drive	Anderson	SC	29621		1/1/2016	8/30/2019
14.5	115 Brushy Creek Road	Easley	SC	29642		1/1/2016	8/30/2019
14.6	1650 Skylyn Drive, Suite 210	Spartanburg	SC	29307		1/1/2016	9/30/2016
14.7	120 Highland Center Park, Suite 105	(NE) Columbia	SC	29223		1/1/2016	8/30/2019
14.8	1920 2nd Loop Road	Florence	SC	29501		1/1/2016	8/30/2019
14.9	4600 Oleander Drive, Suite. 1	Myrtle Beach	SC	29577		1/1/2016	8/30/2019
14.10	10 Miller Road	Sumter	SC	29150		1/1/2016	8/30/2019
14.11	2561 Hendersonville Road	Arden	NC	28704		1/1/2016	8/30/2019
14.12	49 Galloway Street	Waynesville	NC	28786		4/21/2016	7/1/2019
14.13	3410 Sunset Boulevard	West Columbia	SC	29169		1/1/2016	8/30/2019
14.14	2270 Ashley Crossing Drive	Charleston	SC	29407		1/1/2016	3/10/2017

Oaktree Medical Centre, P.C.

Case Number:

Part 8: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Health Care Bankruptcies

15. Health Care Bankruptcies

	Facility Name and Address	Nature of the Business	Number of patients in Debtor's care	Location where records are maintained	Electronic and/or Paper Record Storage
15.1	Pain Management Associates - Greenville 1005 Grove Road Greenville, SC 29605	Medical diagnosis, treatment, and medication management	4,365	Electronic and Offsite Storage with Shred America LLC	Both
15.2	Pain Management Associates - Anderson 108 Montgomery Drive Anderson SC 29621	Medical diagnosis, treatment, and medication management	2,479	Electronic and Offsite Storage with Shred America LLC	Both
15.3	Pain Management Associates - Easley 115 Brushy Creek Road Easley, SC 29642	Medical diagnosis, treatment, and medication management	5,214	Electronic and Offsite Storage with Shred America LLC	Both
15.4	Pain Management Associates - Spartanburg 1650 Skylyn Drive, Suite 210 Spartanburg, SC 29307	Medical diagnosis, treatment, and medication management	3,642	Electronic and Offsite Storage with Shred America LLC	Both
15.5	The Pain Center - Northeast Columbia 120 Highland Center Park Suite 105 Columbia SC 29223	Medical diagnosis, treatment, and medication management	2,194	Electronic and Offsite Storage with Shred America LLC	Both
15.6	The Pain Center at FirstChoice Healthcare - Florence 1920 2nd Loop Road Florence, SC 29501	Medical diagnosis, treatment, and medication management	3,235	Electronic and Offsite Storage with Shred America LLC	Both
15.7	The Pain Center at FirstChoice Healthcare - Myrtle Beach 4600 Oleander Drive Suite 1 Myrtle Beach, SC 29577	Medical diagnosis, treatment, and medication management	1,967	Electronic and Offsite Storage with Shred America LLC	Both
15.8	The Pain Center of FirstChoice Healthcare - Sumter 10 Miller Road Sumter, SC 29150	Medical diagnosis, treatment, and medication management	1,604	Electronic and Offsite Storage with Shred America LLC	Both
15.9	Pain Management Associates of North Carolina, PC - Arden 2561 Hendersonville Road Arden, NC 28704	Medical diagnosis, treatment, and medication management	1,579	Electronic and Offsite Storage with Shred America LLC	Both
15.10	The Pain Center - West Columbia 3410 Sunset Boulevard West Columbia, SC 29169	Medical diagnosis, treatment, and medication management	2,119	Electronic and Offsite Storage with Shred America LLC	Both

Oaktree Medical Centre, P.C.

Case Number:

Part 10: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
 Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts within 1 year prior to filing.

	Financial insitution name	Address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1	Countybank	419 Main Street Greenwood, SC 29646	9201	Depository	Closed 12/26/18	\$25.00
18.2	U.S. Bank	425 Walnut Street Cincinnati, OH 45202	6541	Depository	Closed 12/4/18	\$956.71
18.3	U.S. Bank	425 Walnut Street Cincinnati, OH 45202	4208	Depository	Closed 1/3/19	\$5.00

Oaktree Medical Centre, P.C.

Case Number:

Part 10: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

20. Off-premises storage where property kept within 1 year before filing.

	Facility name	Facility address	Name of anyone with access to it	Address	Description of the contents	Does debtor still have it? Y/N)
20.1	Extra Storage Space	04 La Von Ln Easley, SC 29642	Daniel McCollum	435 Providence Way Easley, SC 29642	Furniture and Fixtures	No
20.2	Extra Storage Space	04 La Von Ln Easley, SC 29642	Mandy Dalton	247 Audobon Acres Dr Easley, SC 29642	Furniture and Fixtures	No
20.3	Iron Mountain	PO Box 27128 New York, NY 10087	Huron Consulting	1166 6th Avenue New York, NY 10036	Paperwork	Yes
20.4	ShredAmerica Records Storage	1682 Katy Lane Fort Mill, SC 29708	Patrick Lawton	226 Peters Glenn Ct Simpsonville, SC 29681	Paperwork Only	Yes
20.5	Life Storage	1701 Woodruff Lane Greenville, SC 29607	Patrick Lawton	226 Peters Glenn Ct Simpsonville, SC 29681	Corporate Documents / Physical Corporate Servers / Other remaining equipment	Yes
20.6	Enroute Networks	3775 Roswell Rd Marietta, GA 30062			Online Active Servers with Accounting and all other records	Yes

Oaktree Medical Centre, P.C.

Case Number:

Part 13: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Details About the Debtor's Business or Connections to Any Business

26. Books, records, and financial statements

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case filed.

	Name	Address	If any books of account and records are unavailable, explain why
26c.1	Iron Mountain	1166 6th Avenue New York, NY 10036	Paperwork Only
26c.2	ShredAmerica Records Storage	1682 Katy Lane Fort Mill, SC 29708	Paperwork Only
26c.3	Life Storage	1701 Woodruff Road Greenville, SC 29607	Corporate Documents / Physical Corporate Servers / Other remaining Equipment
26c.4	Enroute Networks	3775 Roswell Rd Marietta, GA 30062	Online Active Servers with Accounting and all other records
26c.5	Aaron Kibbey - Huron Consulting	1166 Avenue of the Americas, Suite 300 New York, NY 10036	CRO - Various Records
26c.6	Propel HR	669 N Academy St Greenville, SC 29601	Human Resources / Payroll Data

Oaktree Medical Centre, P.C.

Case Number:

Part 13: Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy
Details About the Debtor's Business or Connections to Any Business

26. Books, records, and financial statements

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case

	Name	Address	City	State	Zip	
26d.1	Alleon Capital	1086 Teaneck Rd Suite	Teaneck	NJ	07666	
26d.2	Camac Partners	401 Park Ave S	New York	NY	10016	
26d.3	Capitol Pain (a/k/a CPI)	8015 Shoal Creek Blvd Suite #103	Austin	TX	75757	
26d.4	New State Capital	2001 Palmer Ave Suite 205	Larchmont	NY	10538	
26d.5	JMB Capital	999 Avenue of the Stars	Los Angeles	CA	90067	
26d.6	Lifebrite	Christian Fletcher 9 Corporate Blvd NE, Suite 150	Atlanta	GA	30329	
26d.7	National Spine & Pain Ceters, LLC	Robert L. Manning 11921 Rockville Pike, Suite 505	Rockville	MD	20852	
26d.8	United States Department of Justice	Attn: Christopher Teranova 175 N. Street NE	Washington	DC	20002	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.1	BROHM, MICHAEL 7203 GLEN FOREST DR GREENVILLE, SC 29607	\$12,634.21	9/28/2018	WAGES, NET
		\$938.31	9/28/2018	1099 PAYMENT
		\$12,838.97	10/12/2018	WAGES, NET
	Relationship to debtor FORMER CHIEF EXECUTIVE OFFICER	\$938.31	10/12/2018	1099 PAYMENT
		\$13,466.07	10/26/2018	WAGES, NET
		\$938.31	10/26/2018	1099 PAYMENT
		\$13,462.81	11/9/2018	WAGES, NET
		\$938.31	11/9/2018	1099 PAYMENT
		\$13,462.81	11/23/2018	WAGES, NET
		\$938.31	11/23/2018	1099 PAYMENT
		\$938.31	12/5/2018	1099 PAYMENT
		\$12,089.90	12/7/2018	WAGES, NET
		\$938.31	12/19/2018	1099 PAYMENT
		\$12,089.91	12/21/2018	WAGES, NET
		\$938.31	1/4/2019	1099 PAYMENT
		\$11,060.91	1/4/2019	WAGES, NET
		\$938.31	1/16/2019	1099 PAYMENT
		\$11,062.15	1/18/2019	WAGES, NET
		\$938.31	1/30/2019	1099 PAYMENT
		\$11,062.15	2/1/2019	WAGES, NET
		\$938.31	2/14/2019	1099 PAYMENT
		\$11,062.14	2/15/2019	WAGES, NET
		\$938.31	2/28/2019	1099 PAYMENT
		\$10,237.12	3/1/2019	WAGES, NET
		\$1,806.44	3/29/2019	WAGES, NET
		\$1,450.00	8/16/2019	1099 PAYMENT
		SUBTOTAL		\$159,045.31

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.2	COFFEY FAMILY MEDICAL 281 UNDERPASS DR ONEIDA, TN 37841	\$25,000.00	9/27/2018	CASH FUNDING FOR OPERATIONS
		\$15,000.00	9/28/2018	CASH FUNDING FOR OPERATIONS
		\$1,004.01	10/2/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,752.43	10/9/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	Relationship to debtor MANAGED BY OAKTREE MEDICAL CENTRE, LLC	\$25.06	10/23/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$158.20	10/24/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$150.00	10/24/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$151.25	10/24/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$47.39	10/25/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$6,747.87	10/25/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,752.43	11/7/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$95.20	11/12/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$14,116.00	12/1/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,752.43	12/7/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$29.68	12/19/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$148.79	12/19/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,354.26	12/20/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$5,332.00	12/23/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$47,897.00	12/31/2018	CASH FUNDING FOR OPERATIONS
		\$1,752.43	1/7/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$4,755.00	2/4/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,752.43	2/7/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$70,000.00	2/14/2019	CASH FUNDING OF PAYROLL
		\$140,875.91	2/28/2019	CASH FUNDING OF PAYROLL
		\$1,752.43	3/7/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$255.58	3/14/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$25,000.00	3/15/2019	CASH FUNDING FOR OPERATIONS
		\$453.95	3/28/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,950.75	4/1/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,752.43	4/8/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$1,033.05	5/1/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$412.57	5/7/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$433.57	5/20/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$44.45	5/20/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$31.27	5/21/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$172.32	5/21/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$6,900.00	6/7/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$55,000.00	6/20/2019	CASH FUNDING FOR OPERATIONS
		\$80,000.00	7/3/2019	CASH FUNDING FOR OPERATIONS
		\$182.83	7/10/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$155.23	7/10/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$45.75	7/10/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$45.00	7/11/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$121.99	7/11/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$30,000.00	7/18/2019	CASH FUNDING FOR OPERATIONS
		\$44.20	7/23/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$94.50	7/23/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$161.81	7/24/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
	SUBTOTAL	\$547,693.45		

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.3	COREY SMITH 111 BROOK STONE DR EASLEY, SC 29642 Relationship to debtor NEPHEW OF OAKTREE MEDICAL CENTRE PC OWNER	UNKNOWN	9/28/2018	WAGES, NET
		UNKNOWN	10/12/2018	WAGES, NET
		UNKNOWN	10/26/2018	WAGES, NET
		UNKNOWN	11/9/2018	WAGES, NET
		UNKNOWN	11/23/2018	WAGES, NET
		UNKNOWN	12/7/2018	WAGES, NET
		UNKNOWN	12/21/2018	WAGES, NET
		UNKNOWN	1/4/2019	WAGES, NET
		UNKNOWN	1/18/2019	WAGES, NET
		UNKNOWN	2/1/2019	WAGES, NET
		UNKNOWN	2/15/2019	WAGES, NET
		UNKNOWN	3/1/2019	WAGES, NET
		UNKNOWN	3/15/2019	WAGES, NET
		UNKNOWN	3/29/2019	WAGES, NET
		UNKNOWN	4/12/2019	WAGES, NET
		UNKNOWN	4/26/2019	WAGES, NET
		UNKNOWN	5/10/2019	WAGES, NET
		UNKNOWN	5/24/2019	WAGES, NET
		UNKNOWN	6/7/2019	WAGES, NET
		UNKNOWN	6/21/2019	WAGES, NET
		UNKNOWN	7/5/2019	WAGES, NET
		UNKNOWN	7/19/2019	WAGES, NET
		UNKNOWN	8/2/2019	WAGES, NET
		UNKNOWN	8/16/2019	WAGES, NET
		UNKNOWN	8/30/2019	WAGES, NET
		SUBTOTAL	UNKNOWN	
30.4	DALTON, MANDY 247 AUDUBON ACRES DRIVE EASLEY, SC 29642 Relationship to debtor EX-WIFE OF OAKTREE MEDICAL CENTRE PC OWNER	UNKNOWN	9/28/2018	WAGES, NET
		UNKNOWN	10/12/2018	WAGES, NET
		UNKNOWN	10/26/2018	WAGES, NET
		UNKNOWN	11/9/2018	WAGES, NET
		UNKNOWN	11/23/2018	WAGES, NET
		UNKNOWN	12/7/2018	WAGES, NET
		UNKNOWN	12/21/2018	WAGES, NET
		UNKNOWN	1/4/2019	WAGES, NET
		UNKNOWN	1/18/2019	WAGES, NET
		UNKNOWN	2/1/2019	WAGES, NET
		UNKNOWN	2/15/2019	WAGES, NET
		UNKNOWN	3/1/2019	WAGES, NET
		UNKNOWN	3/15/2019	WAGES, NET
		UNKNOWN	3/29/2019	WAGES, NET
		UNKNOWN	4/12/2019	WAGES, NET
		UNKNOWN	4/26/2019	WAGES, NET
		UNKNOWN	5/10/2019	WAGES, NET
		UNKNOWN	5/24/2019	WAGES, NET
		UNKNOWN	6/7/2019	WAGES, NET
		UNKNOWN	6/21/2019	WAGES, NET
		UNKNOWN	7/5/2019	WAGES, NET
		UNKNOWN	7/19/2019	WAGES, NET
		UNKNOWN	8/2/2019	WAGES, NET
		UNKNOWN	8/16/2019	WAGES, NET
		UNKNOWN	8/30/2019	WAGES, NET
		SUBTOTAL	UNKNOWN	

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.5	DANIEL MCCOLLUM 435 PROVIDENCE DR EASLEY, SC 29642	\$13,813.80	9/28/2018	1099 PAYMENT
		\$8,604.95	9/28/2018	WAGES, NET
		\$13,813.80	10/12/2018	1099 PAYMENT
	Relationship to debtor	\$8,604.95	10/12/2018	WAGES, NET
		\$8,608.24	10/26/2018	WAGES, NET
	100% OWNERSHIP INTEREST IN DEBTOR	\$13,813.80	10/26/2018	1099 PAYMENT
		\$8,604.94	11/9/2018	WAGES, NET
		\$13,813.80	11/9/2018	1099 PAYMENT
		\$8,604.95	11/23/2018	WAGES, NET
		\$13,813.80	11/23/2018	1099 PAYMENT
		\$8,604.95	12/7/2018	WAGES, NET
		\$13,813.80	12/7/2018	1099 PAYMENT
		\$8,604.94	12/21/2018	WAGES, NET
		\$13,813.80	12/21/2018	1099 PAYMENT
		\$7,092.13	1/4/2019	WAGES, NET
		\$26,751.41	1/4/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$13,813.80	1/4/2019	1099 PAYMENT
		\$5,379.38	1/18/2019	WAGES, NET
		\$13,813.80	1/22/2019	1099 PAYMENT
		\$13,813.80	2/1/2019	1099 PAYMENT
		\$5,379.38	2/1/2019	WAGES, NET
		\$13,813.80	2/15/2019	1099 PAYMENT
		\$5,379.37	2/15/2019	WAGES, NET
		\$13,813.80	3/1/2019	1099 PAYMENT
		\$5,379.38	3/1/2019	WAGES, NET
		\$13,813.80	3/14/2019	1099 PAYMENT
		\$5,379.37	3/15/2019	WAGES, NET
		\$13,813.80	3/28/2019	1099 PAYMENT
		\$5,460.37	3/29/2019	WAGES, NET
		\$13,813.80	4/11/2019	1099 PAYMENT
		\$5,379.37	4/12/2019	WAGES, NET
		\$13,813.80	4/26/2019	1099 PAYMENT
		\$5,379.38	4/26/2019	WAGES, NET
		\$13,813.80	5/9/2019	1099 PAYMENT
		\$5,379.38	5/10/2019	WAGES, NET
		\$13,813.80	5/23/2019	1099 PAYMENT
		\$5,379.37	5/24/2019	WAGES, NET
		\$13,813.80	6/6/2019	1099 PAYMENT
		\$5,379.38	6/7/2019	WAGES, NET
		\$13,813.80	6/20/2019	1099 PAYMENT
		\$5,411.96	6/21/2019	WAGES, NET
		\$13,813.80	7/3/2019	1099 PAYMENT
		\$5,942.65	7/5/2019	WAGES, NET
		\$5,942.65	7/19/2019	WAGES, NET
		\$2,678.49	8/2/2019	WAGES, NET
		\$1,648.06	8/16/2019	WAGES, NET
		SUBTOTAL		\$465,049.20

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.6	EXIGO 25 AIRPARK COURT GREENVILLE, SC 29607	\$5,000.00	9/27/2018	CASH FUNDING FOR OPERATIONS
		\$1,000.00	9/27/2018	CASH FUNDING FOR OPERATIONS
		\$110,805.95	10/10/2018	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$300.00	12/11/2018	CASH FUNDING FOR OPERATIONS
	Relationship to debtor	\$1,000.00	12/12/2018	CASH FUNDING FOR OPERATIONS
		\$8,500.00	2/14/2019	CASH FUNDING FOR OPERATIONS
	100% OWNED BY DEBTOR'S OWNER	\$10,000.00	2/14/2019	CASH FUNDING FOR OPERATIONS
		\$10,000.00	2/14/2019	CASH FUNDING FOR OPERATIONS
		\$2,000.00	2/22/2019	CASH FUNDING FOR OPERATIONS
		\$8,500.00	2/28/2019	CASH FUNDING FOR OPERATIONS
		\$5,000.00	3/14/2019	CASH FUNDING FOR OPERATIONS
		\$13,000.00	3/22/2019	CASH FUNDING FOR OPERATIONS
		\$10,000.00	3/27/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$550.00	5/8/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$5,000.00	5/10/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$102.21	5/21/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$5,000.00	5/23/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$5,500.00	6/7/2019	CASH FUNDING FOR OPERATIONS
		\$5,000.00	6/11/2019	PAYMENT FOR EXPENSES ON COMPANYS BEHALF
		\$3,100.00	7/3/2019	CASH FUNDING FOR OPERATIONS
		\$1,000.00	7/19/2019	CASH FUNDING FOR OPERATIONS
	SUBTOTAL		\$210,358.16	
30.7	GRANADA NEIL (1099) - BAM 1399 ASHLEYBROOK LANE SUITE 100 WINSTON SALEM, NC 27103	\$2,500.00	10/12/2018	1099 PAYMENT
		\$2,500.00	11/16/2018	1099 PAYMENT
		\$2,500.00	12/7/2018	1099 PAYMENT
		\$2,500.00	1/4/2019	1099 PAYMENT
	Relationship to debtor	\$2,500.00	1/25/2019	1099 PAYMENT
		\$2,500.00	2/14/2019	1099 PAYMENT
		\$1,134.00	3/7/2019	1099 PAYMENT
		\$2,500.00	3/14/2019	1099 PAYMENT
		\$2,500.00	4/15/2019	1099 PAYMENT
		\$2,500.00	5/15/2019	1099 PAYMENT
		\$2,500.00	6/14/2019	1099 PAYMENT
		\$2,500.00	7/15/2019	1099 PAYMENT
		\$2,500.00	8/15/2019	1099 PAYMENT
		SUBTOTAL		\$31,134.00

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.8	JOSEPH O' QUINN 12 KETTERING COURT EASLEY, SC 29642 Relationship to debtor 100% OWNER OF FIRST CHOICE HEALTHCARE	\$6,633.49	9/28/2018	WAGES, NET
		\$6,634.49	10/12/2018	WAGES, NET
		\$6,635.49	10/26/2018	WAGES, NET
		\$6,636.49	11/9/2018	WAGES, NET
		\$6,637.49	11/23/2018	WAGES, NET
		\$6,638.49	12/7/2018	WAGES, NET
		\$6,639.49	12/21/2018	WAGES, NET
		\$6,640.49	1/4/2019	WAGES, NET
		\$6,641.49	1/18/2019	WAGES, NET
		\$6,642.49	2/1/2019	WAGES, NET
		\$6,643.49	2/15/2019	WAGES, NET
		\$6,644.49	3/1/2019	WAGES, NET
		\$6,645.49	3/15/2019	WAGES, NET
		\$6,646.49	3/29/2019	WAGES, NET
		\$6,647.49	4/12/2019	WAGES, NET
		\$6,648.49	4/26/2019	WAGES, NET
		\$6,649.49	5/10/2019	WAGES, NET
		\$6,650.49	5/24/2019	WAGES, NET
		\$6,651.49	6/7/2019	WAGES, NET
		\$6,652.49	6/21/2019	WAGES, NET
		\$6,653.49	7/5/2019	WAGES, NET
		\$6,654.49	7/19/2019	WAGES, NET
		\$6,655.49	8/2/2019	WAGES, NET
		\$6,656.49	8/16/2019	WAGES, NET
		\$6,657.49	8/30/2019	WAGES, NET
		SUBTOTAL		\$166,137.25

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.9 JOSEPH O' QUINN/JWO ENTE (1099) BAM	\$3,846.15	9/28/2018	1099 PAYMENT
JWO ENTERPRISE, LLC	\$3,846.15	10/12/2018	1099 PAYMENT
12 KETTERING CT	\$11,846.15	10/26/2018	1099 PAYMENT
EASLEY, SC 29642	\$3,846.15	11/9/2018	1099 PAYMENT
Relationship to debtor	\$3,846.15	11/23/2018	1099 PAYMENT
100% OWNER OF FIRST CHOICE	\$3,846.15	12/5/2018	1099 PAYMENT
HEALTHCARE	\$3,846.15	12/19/2018	1099 PAYMENT
	\$3,846.15	1/4/2019	1099 PAYMENT
	\$3,846.15	1/16/2019	1099 PAYMENT
	\$3,846.15	1/30/2019	1099 PAYMENT
	\$3,846.15	2/14/2019	1099 PAYMENT
	\$3,846.15	2/28/2019	1099 PAYMENT
	\$3,846.15	3/14/2019	1099 PAYMENT
	\$3,846.15	3/28/2019	1099 PAYMENT
	\$3,846.15	4/11/2019	1099 PAYMENT
	\$3,846.15	4/26/2019	1099 PAYMENT
	\$3,846.15	5/10/2019	1099 PAYMENT
	\$3,846.15	5/23/2019	1099 PAYMENT
	\$3,846.15	6/6/2019	1099 PAYMENT
	\$3,846.15	6/20/2019	1099 PAYMENT
	\$600.00	6/28/2019	1099 PAYMENT
	\$3,846.15	7/3/2019	1099 PAYMENT
	\$3,846.15	7/18/2019	1099 PAYMENT
	\$155.00	7/26/2019	1099 PAYMENT
	\$3,846.15	8/1/2019	1099 PAYMENT
	\$3,846.15	8/15/2019	1099 PAYMENT
	\$3,846.15	8/29/2019	1099 PAYMENT
	\$12,980.77	9/17/2019	1099 PAYMENT
SUBTOTAL	\$117,889.52		

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.10	MCCOLLUM, JAMES 409 HAVERHILL CIRCLE EASLEY, SC 29642 Relationship to debtor RELATIVE OF OWNER	\$557.15	9/21/2018	1099 PAYMENT
		\$1,606.13	10/5/2018	1099 PAYMENT
		\$401.28	10/19/2018	1099 PAYMENT
		\$654.18	11/2/2018	1099 PAYMENT
		\$351.50	11/16/2018	1099 PAYMENT
		\$363.50	11/30/2018	1099 PAYMENT
		\$391.22	12/14/2018	1099 PAYMENT
		\$1,622.08	12/28/2018	1099 PAYMENT
		\$298.52	1/11/2019	1099 PAYMENT
		\$687.86	1/25/2019	1099 PAYMENT
		\$900.68	2/8/2019	1099 PAYMENT
		\$1,538.84	2/22/2019	1099 PAYMENT
		\$441.37	3/8/2019	1099 PAYMENT
		\$309.49	3/22/2019	1099 PAYMENT
		\$500.94	4/5/2019	1099 PAYMENT
		\$346.39	4/19/2019	1099 PAYMENT
		\$852.50	5/3/2019	1099 PAYMENT
		\$431.03	5/17/2019	1099 PAYMENT
		\$355.36	5/31/2019	1099 PAYMENT
		\$502.33	6/14/2019	1099 PAYMENT
		\$595.42	6/28/2019	1099 PAYMENT
		\$525.00	7/5/2019	1099 PAYMENT
		\$435.12	7/12/2019	1099 PAYMENT
		\$775.00	7/19/2019	1099 PAYMENT
		\$451.47	7/26/2019	1099 PAYMENT
		\$2,319.08	8/26/2019	1099 PAYMENT
		SUBTOTAL		\$18,213.44
30.11	PROCARE FLIGHT, LLC 25 AIRPARK CT GREENVILLE, SC 29607 Relationship to debtor 100% OWNED BY DEBTOR'S OWNER	\$26,751.41	1/4/2019	REIMBURSEMENT FOR TRAVEL
		SUBTOTAL		\$26,751.41
30.12	RENT - GROVE 1005 - GROVE RD GREENVILLE 25 AIRPARK COURT GREENVILLE, SC 29607 Relationship to debtor 100% OWNED BY DEBTOR'S OWNER	\$35,053.00	9/28/2018	RENT PAYMENT
		\$35,053.00	11/5/2018	RENT PAYMENT
		\$22,100.00	11/30/2018	RENT PAYMENT
		\$22,000.00	12/28/2018	RENT PAYMENT
		\$22,100.00	2/1/2019	RENT PAYMENT
		\$21,000.00	3/4/2019	RENT PAYMENT
		\$938.31	3/14/2019	1099 PAYMENT
		\$23,412.12	3/29/2019	RENT PAYMENT
		\$21,924.82	5/3/2019	RENT PAYMENT
		\$21,929.38	5/31/2019	RENT PAYMENT
		\$23,450.81	7/3/2019	RENT PAYMENT
		\$23,317.45	8/15/2019	RENT PAYMENT
		SUBTOTAL		\$272,278.89
30.13	TIM DAILEADER (DRIVETRAIN) EFT 257 CENTRAL PARK WEST APT 7A NEW YORK, NY 10024 Relationship to debtor BOARD MEMBER OF DEBTOR	\$23,024.32	10/19/2018	INDEPENDENT BOARD MEMBER FEES
		\$50,424.66	3/12/2019	INDEPENDENT BOARD MEMBER FEES
		\$46,176.19	5/3/2019	INDEPENDENT BOARD MEMBER FEES
		\$45,979.53	7/12/2019	INDEPENDENT BOARD MEMBER FEES
		SUBTOTAL		\$165,604.70

Debtor: **Oaktree Medical Centre, P.C.**

Case number (if known):

Part 13: Details About the Debtor's Business or Connections to Any Business

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reasons for providing the value
30.14	WEBB, DAVID 220 CHELSEA PLACE AVE ORMOND, FL 32174 Relationship to debtor FORMER CHIEF FINANCIAL OFFICER	\$5,662.10	9/28/2018	WAGES, NET
		\$5,662.10	10/12/2018	WAGES, NET
		\$5,664.91	10/26/2018	WAGES, NET
		\$5,662.11	11/9/2018	WAGES, NET
		\$5,662.10	11/23/2018	WAGES, NET
		\$5,659.50	12/7/2018	WAGES, NET
		\$5,833.60	12/21/2018	WAGES, NET
		\$5,063.57	1/4/2019	WAGES, NET
		\$5,064.82	1/18/2019	WAGES, NET
		\$5,064.82	2/1/2019	WAGES, NET
		\$5,064.82	2/15/2019	WAGES, NET
		\$5,064.82	3/1/2019	WAGES, NET
		SUBTOTAL	\$65,129.27	
	30.15	WEBB, KIMBERLY 220 CHELSEA PLACE AVE APT A ORMOND, FL 32174 Relationship to debtor SPOUSE OF FORMER CHIEF FINANCIAL OFFICER	UNKNOWN	9/28/2018
UNKNOWN			10/12/2018	WAGES, NET
UNKNOWN			10/26/2018	WAGES, NET
UNKNOWN			11/9/2018	WAGES, NET
UNKNOWN			11/23/2018	WAGES, NET
UNKNOWN			12/7/2018	WAGES, NET
UNKNOWN			12/21/2018	WAGES, NET
UNKNOWN			1/4/2019	WAGES, NET
UNKNOWN			1/18/2019	WAGES, NET
UNKNOWN			2/1/2019	WAGES, NET
UNKNOWN			2/15/2019	WAGES, NET
UNKNOWN			3/1/2019	WAGES, NET
UNKNOWN			3/15/2019	WAGES, NET
UNKNOWN			3/29/2019	WAGES, NET
UNKNOWN			4/12/2019	WAGES, NET
UNKNOWN			4/26/2019	WAGES, NET
UNKNOWN			5/10/2019	WAGES, NET
UNKNOWN			5/24/2019	WAGES, NET
UNKNOWN			6/7/2019	WAGES, NET
UNKNOWN			6/21/2019	WAGES, NET
SUBTOTAL			UNKNOWN	
TOTAL		\$2,245,284.60 PLUS UNKNOWN		

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION**

IN RE: OAKTREE MEDICAL)
CENTRE, PC,) Case No:
)
) Chapter 7
)
Debtor.)
)
)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR THE DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named Debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$25,000

Prior to the filing of this statement I have received \$25,000

Balance due \$0

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the Debtor's financial situation, and rendering advice to the debtor in

determining whether to file a petition in bankruptcy;

- b. Preparation and filing of any petition, schedules, statements of affairs, and plan which may be required; and
- c. Representation of the Debtor at the meeting of creditors and any adjourned hearings thereof.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in the bankruptcy proceeding.

9/18/2019

Date

Burt R. Rip

Signature of attorney

McGuire Woods LLP

Name of law firm

AAPC-ADVANCING THE BUSINESS OF
HEALTHCARE
PO BOX 35199
SEATTLE, WA 98124

ABBOTT FKA ST. JUDE
22400 NETWORK PLACE
CHICAGO, IL 60673

ABHAY PATEL
9 NEW ALTAMONT TERRACE
GREENVILLE, SC 29609

ACCENT
PO BOX 952366
ST. LOUIS, MO 63195-2366

ACCIDENT FUND WORKERS COMP -EFT
PO BOX 77000
DEPT 77125
DETROIT, MI 48277-0125

ACCIDENT FUND WORKERS COMPENSATION
INSURANCE COMPANY OF AMERICA
PO BOX, MI 48901-7990

ACCOUNTEMPS - ROBERT HALF
12400 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

ACCURATE DIAGNOSTICS
1635 E NORTH STREET
GREENVILLE, SC 29607

ACEVEDO, DANIELLA
1122 TALL OAKS CIRCLE
PIEDMONT, SC 29673

ADAMS, LEON
11 GREEN OAK DRIVE
SIMPSONVILLE, SC 29680

ADOBE SYSTEMS INC
29322 NETWORK PLACE
CHICAGO, IL 60673-1293

ADT - 1108 M-AND - EFT
PO BOX 371878
PITTSBURGH, PA 15250-7878

ADT - 2049 GR-GV - EFT
PO BOX 371878
PITTSBURGH, PA 15250-7878

ADT - 7420 25 H-ARD - EFT
PO BOX 371878
PITTSBURGH, PA 15250-7878

ADT
PO BOX 371878
PITTSBURGH, PA 15250-7878

AFLAC
ATTN: REMITTANCE PROCESSING SERVICES
1932 WYNNTON ROAD
COLUMBUS, GA 31993-0797

AGILENT TECHNOLOGIES, INC.
4187 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

AHL, KRISTI
782 EAST BUTLER ROAD
APT. NBR 1118

MAULDIN, SC 29662

AIRGAS USA, LLC - 2865184
PO BOX 734672
DALLAS, TX 75373

AIRGAS USA, LLC - 2900062
PO BOX 734672
DALLAS, TX 75373

AIRGAS USA, LLC
PO BOX 734672
DALLAS, TX 75373

ALEXANDER, ANTHONY
4323 BYRNES BOULEVARD
FLORENCE, SC 29506

ALFONSO INTERPRETING AND TRANSPORTING
INC
PO BOX 27309
GREENVILLE, SC 29616-2204

ALHAMBRA US
8 GOVERNOR WENTWORTH HWY
WOLFEBORO, NH 03894

ALI, ROWAN
3536 W FOREST LAKE DRIVE
FLORENCE, SC 29501

ALLAN, RICHMOND
502 THORNHILL DR
SPARTANBURG, SC 29301-6425

ALLEN, JADA

143 BLOSSOM ROAD
MARION, SC 29571

ALLERGAN USA, INC.
12975 COLLECTIONS CENTER DR
CHICAGO, IL 60693-0129

ALLISON, CHRISTLE
143 BLOSSOM RD
MARION, SC 29571

ALLSCRIPTS LLC --6688 FLORENCE - EFT
24630 NETWORK PLACE
CHICAGO, IL 60673-1246

ALLSCRIPTS LLC
24630 NETWORK PLACE
CHICAGO, IL 60673-1246

ALLSCRIPTS
24630 NETWORK PLACE
CHICAGO, IL 60673-1246

ALLSCRIPTS
24630 NETWORK PLAE
CHICAGO, IL 60673-1246

ALLSEP, JESSICA
113 PERRY BEND CIRCLE
APT. 101
EASLEY, SC 29640

ALVAREZ, ELIZABETH
8 JANICES LANE
FLETCHER, NC 28732

ALY ELLEITHEE
C/O JANET, JANET AND SUGGS, LLC
GERALD DRAYTON JOWERS, JR
500 TAYLOR ST., STE 301
COLUMBIA, SC 29201

AMBROSE, CAROL
113 OLD BETHLEHEM SCHOOL ROAD
PICKENS, SC 29671

AMERICAN EXPRESS 1101
PO BOX 650448
DALLAS, TX 75265-0448

AMERICAN EXPRESS
PO BOX 650448
DALLAS, TX 75265-0448

AMERITAS LIFE INSURANCE CORP-DENTAL
PO BOX 81889
LINCOLN, NE 68501-1889

AMFIRST INSURANCE COMPANY
PO BOX 211747
EAGAN, MN 55121-3711

AMMONS, CHRISTINA
129 ASH TERRACE
CANTON, NC 28716

AMY HANCOCK
5804 SPINETAIL DR
NORTH MYRTLE BEACH, SC 29582

ANALYTICAL SALES AND SERVICE, INC.
237 WEST PARKWAY, UNIT ONE
POMPTON PLAINS, NJ 07444

ANCRUM, ALEXA
220 EVANS DRIVE
ROEBUCK, SC 29376

ANDERSON, CALVIN
305 EAST MARLBORO STREET
FLORENCE, SC 29506

ANDERSON, LATOYA
7 SHULER DRIVE
SUMTER, SC 29150

ANSWERPROCOMMUNICATIONS, LLC
PO BOX 890340
CHARLOTTE, NC 28289-0340

ANSWERPROCOMMUNICATIONS, LLC---4180
PO BOX 890340
CHARLOTTE, NC 28289-0340

ARNALL GOLDEN GREGORY LLP - NBR 32386
171 17TH STREET NW
SUITE 2100
ATLANTA, GA 30363

ARTLIP, MIKALAH
1313 KENNEDY ROAD
LUGOFF, SC 29078

ASBURY MED-SURE, LLC ROGER YAPP
1560 ASBURY AVE
WINNETKA, IL 60093

ASHER COOPER, EMILY
189 TWIN CREEK DRIVE
BOILING SPRINGS, SC 29316

ASHEVILLE FIRE PROTECTION CO., INC.
PO BOX 6798
ASHEVILLE, NC 28816

ASHLEY CRISP
1651 UNION SCHOOL RD
MCBEE, SC 29101

ASHMORE, DEVIAUNA
124 RIVERDALE RD
SIMPSONVILLE, SC 29680

AT AND T- FIRST CHOICE LAB EFT
PO BOX 5019
CAROL STREAM, IL 60197-5019

ATHENAHEALTH -
311 ARSENAL STREET
WATERTOWN, MA 02472

ATKINSON, JENNIFER
518 RENA ATKINSON ROAD
JOHNSONVILLE, SC 29555

ATLANTIC LAB EQUIPMENT, INC.
PO BOX 4405
SALEM, MA 01970

AUSA MASTERCARE GROUP INSURANCE
PO BOX 1868
GRAPEVINE, TX 76099-1868

AZELKAS, LINDSEY
2038 AVANT CIRCLE
ANDERSON, SC 29625

BAGWELL, KALLEY
PO BOX 680
PIEDMONT, SC 29673

BAILEY, DAMIEN
202 COBBLESTONE XING
GAFFNEY, SC 29341

BAILEY, NICOLE
4551 OLD SPARTANBURG ROAD
APT. 518
TAYLORS, SC 29687

BAKER, RITA
200 BLUFF DRIVE
GREENVILLE, SC 29605

BALDWIN, CARLY
2194 OLD LIBERTY RD
LIBERTY, SC 29657

BALLENGER, CAYLIE
419 VICTORY LANE
MOORE, SC 29369

BANNISTER, WYATT AND STALVERY, LLC
401 PETTIGRU STREET
GREENVILLE, SC 29601

BARBARE, AMBER
PO BOX 193
FINGERVILLE, SC 29338

BARFIELD, MELISSA
217 ARBOR OAKS CIRCLE

IRMO, SC 29063

BARLOW, TIFFANY
168 ENON CHURCH ROAD
EASLEY, SC 29640

BARTON, AMANDA
3524 HILL SPRINGS DRIVE
LEXINGTON, SC 29073

BAYNE, KAYLA
10 RIVERREEN WAY
SIMPSONVILLE, SC 29680

BAYNE, KIMBERLY
148 MAY APPLE DRIVE
HENDERSONVILLE, NC 28792

BCBS OF NC
FINANCIAL PROCESSING SERVICES
PO BOX 30048
DURHAM, NC 27702

BCBS
ATTN: REFUNDS
PO BOX 6000
COLUMBIA, SC 29260-6000

BCBSSC
ATTN:LOCKBOX, AX-A31
I-20 E AT ALPINE RD
COLUMBIA, SC 29219-0001

BEARD, DEIDRA
45 THOROUGHbred CIRCLE
ARDEN, NC 28704

BEATTIE B. ASHMORE P.A.
650 E. WASHINGTON STREET
GREENVILLE, SC 29601

BELL, JESSICA
210 CREEK FALLS XING
EASLEY, SC 29640

BELLAMY, LISA
402 BRIGHT WATER LANE
GREENVILLE, SC 29609

BENAVIDEZ, HEATHER
1032 SANDFIELD ROAD
BLYTHEWOOD, SC 29016

BENSON, ANGELA
108 VIEW PLACE
EASLEY, SC 29640

BERRY, ALYSSA
20 LONE OAK LANE
CANDLER, NC 28715

BERRY, CAROL
2843 HERMITAGE LANE
FLORENCE, SC 29501

BERRYHILL, AMANDA
PO BOX 15316
GREENVILLE, SC 29610

BESSE MEDICAL SUPPLY - 000096572 - BC-ES
1576 SOLUTIONS CENTER
CHICAGO, IL 60677-1005

BHHS JOHN M BRABHAM REAL ESTATE
DAVIS PROPERTIES
1081 ALICE DRIVE
SUMTER, SC 29151

BILLADEAU, BRITTANI
5 CRYSTAL SPRINGS RD
APT 750
GREENVILLE, SC 29615

BIOCHEMICAL DIAGNOSTICS, INC
180 HEARTLAND BOULEVARD
EDGEWOOD, NY 11717

BIOVENTUS LLC
PO BOX 732823
DALLAS, TX 75373-2823

BLACK, DEBORAH
102 B FAIRWAY DRIVE
PICKENS, SC 29671

BLACK, MELISSA
644 OLD CEDAR ROCK ROAD
EASLEY, SC 29640

BLACKWELL, ROBERT
706 ARCADIAN WAY
CHARLESTON, SC 29407

BLAIR, MEGAN
208 CASTLE DRIVE NBR 1384
MYRTLE BEACH, SC 29579

BLAKE LECHE - KONIG DM, LLC 1099
BLAKE LECHE
109 WAVERLY HALL LN

SIMPSONVILLE, SC 29681

BLAKE LECHE
109 WAVERLY HALL LN
SIMPSONVILLE, SC 29681

BLAKE LECHE
DUNLAEVY LAW FIRM
C/O JEFFREY P. DUNLAEVY
37 VILLA RD., STE. 440
GREENVILLE, SC 29615

BLANTON, CHASITY
117 GREENBRIAR DRIVE
C/O BRENDA JOLLEY
SIMPSONVILLE, SC 29680

BLUECHOICE HEALTH PLAN
PO BOX 6000
COLUMBIA, SC 29260-6000

BLUEGRASS BIOMEDICAL INC
363 SOUTH 4TH STREET
PO BOX 296
DANVILLE, KY 40422

BMC GROUP INC
600 FIRST AVE
SEATTLE, WA 98104

BOBBY BUFFKIN
4864 JORDAN CIRCLE
TIMMONSVILLE, SC 29161

BOJKO, JOLENE
119 HAVEN REST
EASLEY, SC 29641

BOON ADMINISTRATIVE SERVICES
ATTN CLAIMS
AUSTIN, TX 78755

BOSTON SCIENTIFIC CORP
PO BOX 951653
DALLAS, TX 75395-1653

BOSTON SCIENTIFIC CORP-NBR 169041-EASLEY
PO BOX 951653
DALLAS, TX 75395-1653

BOSTON SCIENTIFIC CORP--NBR 169768 GROVE
PO BOX 951653
DALLAS, TX 75395-1653

BOSTON SCIENTIFIC CORP--NBR 386416 - MB
PO BOX 951653
DALLAS, TX 75395-1653

BOUSE, ELAINE
123 QUINCY DRIVE
GREER, SC 29650

BRADLEY SWENSON
2900 RAMBLING PATH
ANDERSON, SC 29621

BRADY, KIMBERLY
128 EDGEWOOD AVE
EASLEY, SC 29640

BRAILSFORD, DANIELLE
PO BOX 925
SUMMERTON, SC 29148

BRAND, JENNIFER
439 SOUTH BUNCOMBE ROAD
APT NBR 525
GREER, SC 29650

BRANDY KNIGHT
C/O BLUESTEIN THOMPSON SULLIVAN, LLC
ALLISON PAIGE SULLIVAN
PO BOX 7965
COLUMBIA, SC 29202

BRANHAM, JINA
422 SPRING VILLAGE ROAD
LUGOFF, SC 29078

BRANT TURNER -PRECISE HEALTH RES-BAM
BRANT TURNER
1276 SHADOW WAY
GREENVILLE, SC 29615

BRANT TURNER
1276 SHADOW WAY
GREENVILLE, SC 29615

BRIGHT, CARLEE
115 ROSEBERRY HILL DRIVE
LYMAN, SC 29365

BRINKLEY, ASHLEY
655 BRIDGE STREET
BAMBERG, SC 29003

BRINKMAN, CARL
6727 SILVERTON LANE
DELAWARE, OH 43015

BRINSTON, HILLARY
103 AUGUSTA STREET
EASLEY, SC 29640

BRITO, SHERI
PO BOX 1023
ENKA, NC 28728

BRODIE, JANET
283 RAILROAD AVENUE NORTH
SALLEY, SC 29137

BROHM, MICHAEL
7203 GLEN FOREST DR
GREENVILLE, SC 29607

BROOKS, LATOYA
2670 DRY POCKET
APT. 628
GREER, SC 29650

BROWN, CANDICE
7243 FONTANA DR
COLUMBIA, SC 29209

BROWN, CAROLINE
119 RICKMAN DRIVE
APT 7
CENTRAL, SC 29630

BROWN, JACQUELINE
800 LARGO CT
LYMAN, SC 29365

BROWN, LISA
212 BERLIN ROAD
SALLEY, SC 29137

BROWN, REGAN
342 HARTVIEW CIRCLE
ANDERSON, SC 29625

BROWN, ROBIN
403 HIGH VALLEY BOULEVARD
GREENVILLE, SC 29605

BROWN, TAMEKA
627 MAXIE DRIVE
ANDERSON, SC 29624

BRUNSON, JASMINE
1068 OLD POCALLA ROAD
SUMTER, SC 29150

BRUNSON, MARISSA
1213 PRINGLE ROAD
PINEWOOD, SC 29125

BRYANT, KHAIRIYA
2900 E NORTH ST
APT. 84
WADE HAMPTON, SC 29615-1880

BRYANT, LESIA
255 GARVIN RD
LIBERTY, SC 29657

BRYANT, STEPHANIE
82 MONTAGUE RD
GREENVILLE, SC 29617

BRYSON, TRACEY
425 SELLWOOD CIRCLE
SIMPSONVILLE, SC 29680

BUCHANAN, MEGAN
3365 POTTS LANE
DALZELL, SC 29040

BUCKNER, JENNI
337 SPLIT PINE COVE
CLYDE, NC 28721

BULLINGTON ASSOCIATES INC.
4240 N BLACKSTOCK ROAD
SPARTANBURG, SC 29301

BURCH, MARCELLE
1580 PLEASANT GROVE RD
LYNCHBURG, SC 29080

BURNS, STEPHANIE
10 AVEBURY COURT
TRAVELERS REST, SC 29690

BURR FORMAN MCNAIR LLP
PO BOX 11390
COLUMBIA, SC 29211

BUZYAN, MARINA
1037 S MAIN ST
MARS HILL, NC 28754-6270

BYRD, ELESHA
12201 GARRET PARK LANE
UNIT 112
LOUISVILLE, KY 40223

CACTUS, LLC
1040 LEGRAND BLVD

SUITE D
CHARLESTON, SC 29492

CADWELL LABORATORIES, INC.
909 N KELLOGG ST
KENNEWICK, WA 99336

CAIN, LINDSEY
710 COLLEGE AVE
ANDERSON, SC 29621

CAINE AND WEINER
PO BOX 5010
WOODLAND HILLS, CA 91365-5010

CALDWELL, INDIA
511 HARRIER CLIFF COURT
BOILING SPRINGS, SC 29316

CALHOUN, CRYSTAL
2200 ANDERSON HWY
WILLIAMSTON, SC 29697

CALVERT, CHRISTY
206 LEWIS ROAD
WILLIAMSTON, SC 29697

CANTRELL, MISTY
87 E MAIN ST.
INMAN, SC 29349

CAPITAL REPORTING COMPANY
PO BOX 71303
CHICAGO, IL 60694

CAPPS, LINDSEY

1425 MASSEY RD
PENDLETON, SC 29670

CAREER BUILDER LLC
13047 COLLECTION CENTER DRIVE
CHICAGO, IL 60693-0130

CARLEE BRIGHT
115 ROSEBERRY HILL DRIVE
LYMAN, SC 29365

CAROL BERRY
2843 HERMITAGE LANE
FLORENCE, SC 29501

CAROLINA SURFACE RESTORATION LLC
2131 CAMELOT COURT
FLORENCE, SC 29505

CARTER, ALYSSA
1504 DELOACHE ST.
CAMDEN, SC 29020

CARTER, KATHRYN
504 SOUTH B ST
EASLEY, SC 29640

CASE, CASSIDY
1741 HIGHWAY 11
LANDRUM, SC 29356

CASE, ELIZABETH
2711 GENOA DRIVE
SUMTER, SC 29153

CATHERINE THOMPSON AS PERSONAL REP.

C/O WILLIAM J TUCK, P A, WILLIAM J TUCK
FOR THE ESTATE OF REBECCA MAYHEW CASSIDY
PO BOX 933
DARLINGTON, SC 29540

CCP HARBINGER, LLC - FCH LAB
C/O COMMONWEALTH COMMERICAL PARTNERS LLC
PO BOX 71150
RICHMOND, VA 23225

CERILLIANT CORPORATION
811 PALOMA DRIVE, SUITE A
ROUND ROCK, TX 78665

CHAPMAN AND CUTLER, LLP
PO BOX 71291
CHICAGO, IL 60694

CHARLES, LATOYA
3022 LONGFELLOW DRIVE
FLORENCE, SC 29505

CHAVEZ, MARIA
333 BRISTOL ST
FLORENCE, SC 29501

CHEMELL, MORRIS
9207 ARDMORE SPRINGS CIRCLE
GREENVILLE, SC 29615

CHEW-ROBINSON, BRISHAUNA
169 CARRIE LANE
GASTON, SC 29053

CHILDERS, REBEKAH
104 IVYWAY LANE
LIBERTY, SC 29657

CHOICE MED HEALTHCARE INC
9245 LAGUNA SPRINGS STE 200
ELK GROVE, CA 95758

CHRISLEY, DIANE
1205 ROYAL SUMMIT DR
SENECA, SC 29678

CHRISTOPHER RUBEL
480 WEBBER ROAD
SPARTANBURG, SC 29307

CHUBB GROUP
3440 TORINGDON WAY, SUITE 307
CHARLOTTE, NC 28277

CITY OF ASHEVILLE WATER BILL
PO BOX 733
ASHEVILLE, NC 28802-0733

CITY OF CHARLESTON
ADDRESS UNAVAILABLE AT TIME OF FILING

CITY OF FLORENCE -8471 CC
CITY SERVICES BILL
PO BOX 602756
CHARLOTTE, NC 28260-2756

CITY OF MYRTLE BEACH BUSINESS LICENSE
UTILITY BILLING
PO BOX 2468
MYRTLE BEACH, SC 29578-2468

CITY OF WEST COLUMBIA CC
WATER COLLECTION DIVISION - CITY HALL
PO BOX 4044

WEST COLUMBIA, SC 29171-4044

CLAY, SILVER
3408 WALHALLA HIGHWAY
SIX MILE, SC 29682

CLEAPOR, AMANDA
770 PEACHTREE ROAD
CHESNEE, SC 29323

CLIA LABORATORY PROGRAM
PO BOX 3056
PORTLAND, OR 97208-3056

CLINKSCALES, JESSICA
3522 WOODCONE TRAIL
ANDERSON, SC 29624

CLINT PHARMACEUTICALS
629 SHUTE LANE
OLD HICKORY, TN 37138

CMI INC
2090 RELIABLE PARKWAY
CHICAGO, IL 60686

CMS IMAGIN, INC. /AVREO, INC -
4050 AZALEA DR
NORTH CHARLESTON, SC 29405

CMS IMAGING, INC.
4050 AZALEA DR
NORTH CHARLESTON, SC 29405

COASTAL SANITARY SUPPLY CO.
PO BOX 12490

FLORENCE, SC 29504

COFFEY FAMILY MEDICAL
281 UNDERPASS DR
ONEIDA, TN 37841

COGGIN, SHARON
640 NORTH BENNETT ST.
SOUTHERN PINES, NC 28387

COGGINS, ASHLEY
1713 BURNT GIN RD
GAFFNEY, SC 29340

COKER, SHANNON
720 DIX LANE
FLORENCE, SC 29505

COLEY, ETHEL
5294 GEORGIA HIGHWAY 144
BAXLEY, GA 31513

COLLEGE OF AMERICAN PATHOLOGISTS
PO BOX 71698
CHICAGO, IL 60694-1698

COLLINS, FARANGIS
4 TALL PINE LANE
SURFSIDE BEACH, SC 29575

COLLINS, JOSHUA
1353 PHILADELPHIA ST.
HARTSVILLE, SC 29550

COMCAST
PO BOX 105257

ATLANTA, GA 30348-5257

COMPANION LIFE
PO BOX 100102
COLUMBIA, SC 29202

COMPANION MCGEE
PO BOX 100102
COLUMBIA, SC 29202

COMTRON, INC.
11 GRACE AVE
SUITE 208
GREAT NECK, NY 11021

CONCUR / BAMBORA
62157 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

CONE INSTRUMENTS INC.
DEPT 2465
PO BOX 11407
BIRMINGHAM, AL 35246

CONSOLIDATED NEURO SUPPLY
6682 WATERS EDGE
LOVELAND, OH 45140

COOK, SHANNON
116 DONNA LANE
EASLEY, SC 29642

COOLEY, AMANDA
1540 EBENEZER ROAD
DARLINGTON, SC 29532

COOLEY, KAYLA
505 WEST MAIN STREET
APT. NBR 5
EASLEY, SC 29640

COPE, HEATHER
3958 PANTHER CREEK ROAD
CLYDE, NC 28721

COREY SMITH
111 BROOK STONE DR
EASLEY, SC 29642

COSMAN MEDICAL
22 TERRY AVE.
BURLINGTON, MA 01803

COULTER, MAGGIE
52 NATURAL SPRING LOOP
WAYNESVILLE, NC 28786

COUNTY OF GREENVILLE
C/O HARRISON WHITE, PC
JOHN B WHITE, JR
178 W MAIN ST.
SPARTANBURG, SC 29306

COVERYS MALPRACTICE
PO BOX 981024
BOSTON, MA 02298

COVERYS
PO BOX 981024
BOSTON, MA 02298

COX, ELIZABETH
219 LONGVIEW DR
WILLIAMSTON, SC 29697

COX, MARY
20 CHARTWELL CT
SUMTER, SC 29154

COX, TORIA
119 ALEX TRAIL
WAYNESVILLE, NC 28786

CRAIS, DANIELLE
113 HOLLY LEAF LANE
LEXINGTON, SC 29072

CRANE, ASHLEY
105 WINSTON WAY
EASLEY, SC 29640

CREEKRIDGE CAPITAL VENDOR FINANCING
7808 CREEKRIDGE CIRCLE
SUITE 250
MINNEAPOLIS, MN 55439

CREEKRIDGE CAPITAL, LLC
7808 CREEKRIDGE CIRCLE
SUITE 250
MINNEAPOLIS, MN 55439-2647

CREEKRIDGE CAPITAL, LLC
PO BOX 1880
MINNEAPOLIS, MN 55480-1880

CRISALLI, JENESSA
135 OSPREY COVE LOOP
MYRTLE BEACH, SC 29588

CRISP, ASHLEY

1651 UNION SCHOOL RD
MCBEE, SC 29101

CROCKER, KAYLA
8444 OCONNOR CRESENT
NORFOLK, VA 23503

CROOKE, RYAN
724 MUDDY SPRINGS ROAD
LEXINGTON, SC 29073

CRUELL, SAPRINA
208 SOUTH CAROLINA AVENUE
SPARTANBURG, SC 29306

CRUM, BRANDI
1417 ZION SCHOOL ROAD
EASLEY, SC 29642

CRYSTAL SPRINGS - 11357 - M-AND - EFT
PO BOX 660579
DALLAS, TX 75266-0579

CRYSTAL SPRINGS VARIOUS
PO BOX 660579
DALLAS, TX 75266-0579

CRYSTAL SPRINGS
PO BOX 660579
DALLAS, TX 75266-0579

CSP INSURANCE SERVICES
2420 HOFFMEYER RD, SUITE D
FLORENCE, SC 29501

CUMMINGS, MARTHA

4 RHONDA CT
GREENVILLE, SC 29617

CUSTOM INDOOR SERVICES CLEANING
106 SHERBERT COURT
SPARTANBURG, SC 29303

DALTON, MANDY
247 AUDUBON ACRES DRIVE
EASLEY, SC 29642

DAMERON, DELAINA
206 SPRING ESTATES DR
LIBERTY, SC 29657

DAMIEN BAILEY
202 COBBLESTONE XING
GAFFNEY, SC 29341

DANIEL MCCOLLUM
435 PROVIDENCE DR
EASLEY, SC 29642

DANIELLE CRAIS
113 HOLLY LEAF LANE
LEXINGTON, SC 29072

DATA INNOVATIONS LLC
PO BOX 101978
ATLANTA, GA 30392-1978

DAVID BRUCE COFFEY
261 UNDERPASS DR.
ONEIDA, TN 37841-5885

DAVID BRUCE COFFEY

C/O CLINCH RIVER LAW, PLC
ROBERT DZIEWULSKI
300 MARKET ST.
CLINTON, TN 37716

DAVID BRUCE COFFEY
C/O CLINCH RIVER LAW, PLLC
ROBERT DZIEWULSKI
300 MARKET ST.
CLINTON, TN 37716

DAVID ROGERS
PO BOX 618
EASLEY, SC 29641

DAVIS, RENITA
273 SOUTHLAND AVE
29316
BOILING SPRINGS, SC 29316-9610

DAVIS, YATIA
123 CRAWFORD ROAD
COLUMBIA, SC 29203

DAWSON, ASIA
905 PINE TOP CIRCLE
ANDERSON, SC 29626

DEANGELIS, MELODY
198 OLD BLACKSMITH ROAD
SIX MILE, SC 29682

DELLA SALA, SANDRA
202 POSSOM TROT ROAD
BLACKSBURG, SC 29702

DEREK ROPER
245 SAINT PAUL RD

EASLEY, SC 29642

DIAGNOSTIC PRODUCTS INTERNATIONAL, INC
1395 S MARIETTA PKWY
BLDG 200, STE 200
MARIETTA, GA 30067

DICKSON, KATIE
109 WOODLAND DRIVE
GREENVILLE, SC 29617

DICOLA, SARA
441 SOUTH COLLEGE STREET
HEATH SPRINGS, SC 29058

DILLARD, CYNTHIA
2016 CULPEPPERWOODS DR
DUNCAN, SC 29334

DIMAS-VILLANUEVA, DIANNA
417 SMOKEY JOE COURT
LEXINGTON, SC 29073

DIXON BOARD
OFC OF INVESTIGATIONS, C FELTON-BARNER
SC DEPT OF LABOR LICENSING AND REGUL.
P.O. BOX 11329
COLUMBIA, SC 29211-1329

DIXON HUGHES GOODMAN, LLP
PO BOX 602828
CHARLOTTE, NC 28260-2828

DIXON, WOODWARD
515 DOODLE HILL ROAD
ST. MATTHEWS, SC 29135

DOCKERY, CRYSTAL
148 DUSTIN ST
EASLEY, SC 29642

DOMINION ENERGY - 0386 HIGHLAND EFT
PO BOX 100255
COLUMBIA, SC 29202-3255

DOMINION ENERGY
PO BOX 100255
COLUMBIA, SC 29202-3255

DOMINION ENERGY-COLA NE 1414 SCE AND G
PO BOX 100255
COLUMBIA, SC 29202-3255

DONNA RAUCH
C/O BLUESTEIN THOMPSON SULLIVAN, LLC
ALLISON PAIGE SULLIVAN
PO BOX 7965
COLUMBIA, SC 29202

DONNA RAUCH
C/O ROTHSTEIN LAW FIRM, P A
DAVID E ROTHSTEIN
1312 AUGUSTA ST.
GREENVILLE, SC 29605

DOUBLE DUTCH - MYRTLE BEACH
1801 NEW HANOVER MEDICAL PARK DRIVE
WILMINGTON, NC 28403

DR. DAVID BRUCE COFFEY
281 UNDERPASS DR
ONEIDA, TN 37841

DUBOSE, JAIMIE

37B PALMETTO DRIVE
INMAN, SC 29349

DUKE ENERGY - 2942-GR-GV EFT
PO BOX 70516
CHARLOTTE, NC 28272-0516

DUKE ENERGY --0272 M-AND EFT
PO BOX 70515
CHARLOTTE, NC 28272-0516

DUKE ENERGY PROGRESS
PO BOX 1003
CHARLOTTE, NC 28201-1003

DUKE ENERGY PROGRESS-4782-ARDEN
PO BOX 1003
CHARLOTTE, NC 28201

DUKE ENERGY PROGRESS-6321-FLO EFT
PO BOX 1003
CHARLOTTE, NC 28201-1003

DUKE ENERGY
PO BOX 70516
CHARLOTTE, NC 28272-0516

DUKE ENERGY---1408 M-AND EFT
PO BOX 70516
CHARLOTTE, NC 28272-0516

DUKE ENERGY-3267-RICK ERWIN APT EFT
ADDRESS UNAVAILABLE AT TIME OF FILING

DUKE ENERGY---6376 GR-GV EFT
PO BOX 70516

CHARLOTTE, NC 28272-0516

DUNCAN, ERIKA
9 WRENS NEST ROAD
SWANNANOVA, NC 28778

DUNCAN, JASMINE
702 GABBY COURT
WOODRUFF, SC 29388

DURRAH, STEPHANIE
329 SUGAR RIDGE ROAD
INMAN, SC 29349

DUVALL, TIFFANI
213 SWEETGUM CIRCLE
WILLIAMSTON, SC 29697

DYER, BRITTANY
136 ROCHESTER ROAD
EASLEY, SC 29640

DYNAMIC QUEST / ENROUTE
3775 ROSEWELL RD SUITE 350
MARIETTA, GA 30062

DYNAMIC QUEST / ENROUTE
3775 ROSEWELL RD
SUITE 350
MARIETTA, GA 30062

DYNAMIC QUEST FKA ENROUTE
4821 KOGER BLVD
GREENSBORO, NC 27407

EA MEDICAL

10541 STATE HIGHWAY 81
CANTON, MO 63435

EAGLE PHARMACY
2200 RIVERCHASE CENTER
SUITE 675
HOOVER, AL 35244

EARLE, NATALIE
918 CRESTVIEW RD
APT A-3
EASLEY, SC 29642

EASLEY COMB UTILITIES
PO BOX 619
EASLEY, SC 29641-0619

EASLEY COMB UTILITIES-64622001-BC-ES EF
PO BOX 619
EASLEY, SC 29641-0619

EBENBOECK, JULIA
16 PITTMAN ROAD
LYMAN, SC 29365

EBERT, BRANDI
171 HICKORY RD
WILLIAMSTON, SC 29697

ECLINICAL WORKS, LLC ECW
PO BOX 847950
BOSTON, MA 02284-7950

ECLINICAL WORKS, LLC
PO BOX 847950
BOSTON, MA 02284-7950

EDDINS, THOMAS
70 CORNELIUS DRIVE
PISGAH FOREST, NC 28768

EDWARDS, GARY
119 ELLIOT LANE
EASLEY, SC 29640

EDWARDS, MELODY
698 FOSTER ROAD
WELLFORD, SC 29385

EFFLER, ASHTON
13 STRANGE ST
SUMTER, SC 29153

ELECTRIC CITY UTILITIES CC
CITY OF ANDERSON
PO BOX 63061
CHARLOTTE, NC 28263

ELECTRODE STORE, THE
PO BOX 188
ENUMCLAW, WA 98022

ELECTROMEDICAL
4371 SHALLOWFORD IND PKWY
PO BOX 670893
MARIETTA, GA 30066

ELIZABETH SNODERLY
4691 MILL POND CT
MURRELLS INLET, SC 29576

ELLIOTT DAVIS DECOSIMO, LLC
PO BOX 6286
GREENVILLE, SC 29606-6286

ELLIOTT DAVIS DECOSIMO, LLC-AUDIT
PO BOX 6286
GREENVILLE, SC 29606-6286

ELLIOTT DAVIS DECOSIMO, LLC-TAX
PO BOX 6286
GREENVILLE, SC 29606-6286

ELLIS, RENEE
103 PECAN TREE CIRCLE
EASLEY, SC 29640

ELLIS, TAYLOR
111 GREEN AVE
FOUNTAIN INN, SC 29644

ELMORE, KYLE
14 LAUREL DRIVE
TAYLORS, SC 29687

EMPLOYMENT SCREENING SERVICES, INC
DEPT K, PO BOX 830520
BIRMINGHAM, AL 35283

ENTZMINGER, LARISSA
624 BRIARCLIFF WEST
ELGIN, SC 29045

ENVIRONMENTAL SAFETY PROFESSIONALS, INC
7419 KNIGHTDALE BLVD SUITE 115
KNIGHTDALE, NC 27545

EPIMED, INT
141 SAL LANDRIO DR
CROSSROAD BUSINESS PARK

JOHNSTOWN, NY 12095

EPPS, HEIDI
15 HAMMETT STREET EXTENSION
GREENVILLE, SC 29609

ERIC HARRELL - ECorp, LLC 1099 BAM
25 DRAPER STREET
UNIT 432
GREENVILLE, SC 29611

EVANS, REBECCA
1090 LAKE LOGAN ROAD
CANTON, NC 28716

EVER GREEN ENVIROMENTAL, LLC
PO BOX 25627
GREENVILLE, SC 29616

EVINS, ABRIANNA
300 DOONBEG DRIVE
APT. 29
DUNCAN, SC 29334

EXIGO
25 AIRPARK COURT
GREENVILLE, SC 29607

EXPERIAN HEALTH, INC.
PO BOX 886133
LOS ANGELES, CA 90088-6133

EXPERIAN HEALTH, INC.-BILLING
PO BOX 886133
LOS ANGELOS, CA 90088-6133

EXTRA STORAGE SPACE
104 LA VON LN
EASLEY, SC 29642

FAGRON STERILE SERVICES JCB
8710 E 34TH ST. N
WICHITA, KS 67226

FARRICIELLI, JEFFREY
3912 ASHTON SHORE LANE
MOUNT PLEASANT, SC 29466

FARROW, KAREN
415 ROE ROAD
GREENVILLE, SC 29611

FELIX MUNIZ
1015 NUTT STREET
APT. 334
WILMINGTON, NC 28401

FERRELL, KANESHIA
107 REBECCA STREET
GREENVILLE, SC 29607

FIBRENEW
117 BOARDWALK RUN
ROCK HILL, SC 29732

FIDELITY SECURITY LIFE INS
FSL / EYEMED PREMIUMS
PO BOX 632530
CINCINNATI, OH 45263-2530

FIDUS INVESTMENT CORPORATION
AS LENDER AND COLLATERAL AGENT
1603 ORRINGTON NBR 810
EVANSTON, IL 60201

FIDUS INVESTMENT CORPORATION
US BANK CORPORATE TRUST BOSTON
SDS 12-2302
MINNEAPOLIS, MN 55486-2302

FIELDER, QUANTINA
204 CAMDEN LANE
GREENVILLE, SC 29605

FIELDS, CHERA
619 JASMIN DR
ANDERSON, SC 29626-1237

FIELDS, GENENE
110 THORNBY ROAD
IRMO, SC 29063

FIRST CITIZENS BANK AND TRUST COMPANY
ATTN: NATOSHA DREWS
PO BOX 29
COLUMBIA, SC 29202

FIRST CITIZENS BANK-VISA
PO BOX 63038
CHARLOTTE, NC 28263-3038

FISHER SCIENTIFIC
PO BOX 404705
ATLANTA, GA 30384-4705

FISHER, MELONDY
43 MARAVISTA AVENUE
GREENVILLE, SC 29617

FLANAGAN, MORGAN

830 THREE AND TWENTY ROAD
EASLEY, SC 29642

FLOWERS, TASHA
205 GREEN VALLEY ROAD
STARR, SC 29684

FORD, MELANIE
304 NORTHBROWN ROAD
COLUMBIA, SC 29229

FORETHOUGHT
PO BOX 16500
CLEARWATER, FL 33766-6500

FORGIONE
C/O DAVID GOULD
DASH AND ASSOCS., ATTN: MOLLY ROWAN
ONE LIBERTY PLAZA, 165 BROADWAY, FL. 23
NEW YORK, NY 10006

FORGIONE, LISA
301 HOLLY STREET
CLINTON, SC 29325

FOSTER, LADAWN
603 RIDGE TRAIL DR
COLUMBIA, SC 29229

FOSTER, TRACY
117 FRANCIS RD
EASLEY, SC 29640

FRIDDLE, MELISSA
106 AUBURN TOP LANE
MAULDIN, SC 29662

FUJIFILM MEDICAL SYSTEMS USA, INC
419 W AVENUE
STAMFORD, CT 06902

FULMORE, VANESSA
1509 MCMILLAN LN
FLORENCE, SC 29506

FURMAN, MATTHEW
100 BEAVER LAKE DRIVE
ELGIN, SC 29045

GADDIS, FELECIA
162 FULBRIGHT ROAD
WAYNESVILLE, NC 28785

GADDIS, KENDRA
55 BAM LOFT LANE
CANTON, NC 28716

GALLANT, KRISTEN
19 ALEXANDER ST.
LIBERTY, SC 29657

GALLMAN, TARA
100 BROWN DRIVE
EASLEY, SC 29642

GAMBINO, PATRICIA
29 KONNAROCK CIRCLE
GREENVILLE, SC 29617

GARFIELD SIGNS AND GRAPHICS, LLC
203 FORD STREET
GREER, SC 29650

GE HEALTHCARE IITS USA CORP
15724 COLLECTIONS CENTER DR
CHICAGO, IL 60693

GE HEALTHCARE, INC.
PO BOX 640200
PITTSBURGH, PA 15264-0200

GE HEALTHCARE-CHICAGO SOFTWARE AND
TRAINING
C/O OEC MEDICAL SYSTEMS INC.
2984 COLLECTIONS CENTER DR
CHICAGO, IL 60693

GE HEALTHCARE-CHICAGO
C/O OEC MEDICAL SYSTEMS INC.
2984 COLLECTIONS CENTER DR
CHICAGO, IL 60693

GEHA
PO BOX 410014
KANSAS CITY, MO 64179-9775

GEORGETOWN PHYSICIAN SERVICES LLC
C/O NELSON MULLINS RILEY AND SCARBOROUGH
SUSAN P MACDONALD
PO BOX 3939
MYRTLE BEACH, SC 29578

GEORGETOWN PHYSICIAN SERVICES, LLC
NELSON MULLINS RILEY AND SCARBOROUGH LLP
C/O THOMAS F. MORAN
3751 ROBERT GRISSOM PKY., FL. 3
MYRTLE BEACH, SC 29577

GEORGIA MEDPRO
3195 FREEDOM LANE
MOULTRIE, GA 31788

G-FIVE, INC.
297-H GARLINGTON RD
GREENVILLE, SC 29615

GIBBS, KWAKITA
705 RICHLAND ST
APT 2
COLUMBIA, SC 29201

GIBSON PEST CONTROL
3601 SWEETEN CREEK RD
PO BOX 989
SKYLAND, NC 28776

GIBSON, LINDSEY
1615 GLADDEN ST.
COLUMBIA, SC 29205

GILL, SABRINA
228 HAYES ROAD
PICKENS, SC 29671

GILSTRAP, JULIE
649 MASSINGILL MEMORIAL DR
PICKENS, SC 29671

GILSTRAP, JULIE
649 MASSINGILL MEMORIAL DRIVE
PICKENS, SC 29671

GIRAULT, GISELE
145 LAKE POINTE DR
FORT MILL, SC 29708

GISELE GIRAULT
145 LAKE POINTE DR

FORT MILL, SC 29708

GLOBAL STAR MEDICAL
1901 E 50TH ST
TEXARKANA, AR 71854

GLOVER, MAISHA
116 LAMBETH DRIVE
COLUMBIA, SC 29209

GODFREY, DEBORAH
280 CHEDDAR ROAD
BELTON, SC 29697

GOINS, KRISTINA
121 CAMELIA DRIVE
SUMMERVILLE, SC 29485

GOLDSMITH, HANNAH
115 PEARSON TERRACE DR
APT. C
EASLEY, SC 29642

GONZALEZ, ANA
201 EAST BEATTIE STREET
LIBERTY, SC 29657

GOODWIN, AMANDA
5822 STAGECOACH ROAD
EFFINGHAM, SC 29541

GOS-GREENVILLE OFFICE SUPPLY
PO BOX 3358
GREENVILLE, SC 29602

GOWAN, TAYLOR

1450 OLD NC 20
LEICESTER, NC 28748

GOWIN, ELLIE
232 HALO DRIVE
WELLFORD, SC 29385

GRAHAM, ERICA
326 ORANGE STREET
LOT 37
DARLINGTON, SC 29532

GRAINGER
730 CONGAREE RD
GREENVILLE, SC 29607

GRANADA NEIL 1099 - BAM
1399 ASHLEYBROOK LANE
SUITE 100
WINSTON SALEM, NC 27103

GRAYBILL, HEATHER
1409 ROPER MOUNTAIN ROAD
APT. 323
GREENVILLE, SC 29615

GREAT HERON - W COLUMBIA EFT
FRANK HAHNE
208 BARNACLE CIRCLE
LEXINGTON, SC 29072

GREENE, JOSHUA
222 PINE CONE LOOP
BISHOPVILLE, SC 29010

GREENVILLE OFFICE SUPPLY GOS
PO BOX 3358
GREENVILLE, SC 29602

GREENVILLE WATER- RICK ERWIN APT- CC
PO BOX 687
GREENVILLE, SC 29602-0687

GREENVILLE WATER SYSTEM
PO BOX 687
GREENVILLE, SC 29602-0687

GREENVILLE WATER SYSTEM-5250-GR-GV CC
PO BOX 687
GREENVILLE, SC 29602-0687

GREENVILLE WATER SYSTEM-5252- GR-GV CC
PO BOX 687
GREENVILLE, SC 29602-0687

GREER, JODY
112 FOLKSTONE CT
EASLEY, SC 29640

GRIFFIN, JESSICA
304 RICK COURT
PELZER, SC 29669

GROTH, RYAN
70 BENT CREEK PRESERVE ROAD
ASHEVILLE, NC 28806

GROVE 1005 - GROVE RD GREENVILLE
25 AIRPARK COURT
GREENVILLE, SC 29607

GROVE 1005 LLC
25 AIRPARK COURT
GREENVILLE, SC 29607

GUNTER, NATALIE
1227 PRICEVILLE ROAD
GILBERT, SC 29054

HAAS, JOHN
109 PEPPERWOOD DRIVE
GREENVILLE, SC 29611

HALLMAN, CAMERON
14 SCARLETT STREET
GREENVILLE, SC 29607

HALTIWANGER, LESLYE
208 LONGVIEW DRIVE
PIEDMONT, SC 29673

HALYARD SALES, LLC AVANOS
PO BOX 732583
DALLAS, TX 75373-2583

HAMBY, LESLEY
226 MURPHY ROAD
BELTON, SC 29627

HAMILTON, PURITY
199 FAIR ORCHARD WAY
DUNCAN, SC 29334

HAMM, JESSICA
6 EBENWAY LN
SIMPSONVILLE, SC 29680

HANCOCK, AMY
5804 SPINETAIL DR
NORTH MYRTLE BEACH, SC 29582

HANNIGAN, KAYLEE
108 EDGEWOOD DRIVE
DUNCAN, SC 29334

HARBIN, TRACY
101 CANFIELD RD
HONEA PATH, SC 29654-9511

HARE, ASHLEY
301 MORNING CREEK DRIVE
EASLEY, SC 29640

HARRELL, ERIC
25 DRAPER STREET
APT 432
GREENVILLE, SC 29611

HARRINGTON, STEPHANIE
2205 BROAD DRIVE
FLORENCE, SC 29505

HARSEY, STEPHANIE
121 FLEETWOOD DRIVE
LEXINGTON, SC 29073

HARTSELL, WINNON
167 BAGWELL STREET
EASLEY, SC 29640

HARVEY, IRENE
9 DELORES STREET
GREENVILLE, SC 29605

HATCHELL LANDSCAPE-FLO
PO BOX 5320

FLORENCE, SC 29502

HAWKINS, SHANNON
116 STARRWOOD DR
STARR, SC 29684

HAWKINS, TRACY
1233 NAZARETH RD
SPARTANBURG, SC 29301

HAYNSWORTH SINKLER BOYD, PA
ONE NORTH MAIN , 2ND FLOOR
PO BOX 2048
GREENVILLE, SC 29601-2048

HEALTHCARE COMPLIANCE PROS, INC.
10891 SCOTTY DRIVE
SOUTH JORDAN, UT 84095

HEALTHFIRST
DEPT CH 14330
PALATINE, IL 60055-4330

HEBRON, ANTONIA
51 LIVINGSTON TER
GREENVILLE, SC 29607-4397

HEMINGWAY, LUCINDA
209 FORESTWOOD DRIVE
COLUMBIA, SC 29223

HEMPHILL, ASHELY
116 GETTYS DR
GAFFNEY, SC 29341

HENRY SCHEIN- 4636 - EFT

PO BOX 371952
PITTSBURG, PA 15250-7952

HENRY SCHEIN
135 DURYEA RD
MELVILLE, NY 11747

HENRY SCHEIN
PO BOX 371952
PITTSBURG, PA 15250-7952

HENRY, RAVEN
119 DUKE AVE.
COLUMBIA, SC 29203

HERALD 16297 FLORENCE
PO BOX 1288
DILLON, SC 29536

HERNANDEZ, CYNTHIA
168 HARRIS TRL RD
GAFFNEY, SC 29341

HESS, NICHOLE
891 SOUTH MECHANIC STREET
PENDLETON, SC 29670

HI-AMERITAS LIFE INSURANCE CORP-DENTAL
PO BOX 81889
LINCOLN, NE 68501-1889

HI-ASSURANT HEALTH-COMPAS
PO BOX 624
MILWAUKEE, WI 53201-0624

HI-BLUECHOICE HEALTHPLAN

PO BOX 6000
COLUMBIA, SC 29260-6000

HICKSON, RANDOLYN
1558 RUGER DR
SUMTER, SC 29150

HI-COMPANION LIFE
PO BOX 100102
COLUMBIA, SC 29202

HI-FIDELITY SECURITY LIFE INS
FSL / EYEMED PREMIUMS
PO BOX 632530
CINCINNATI, OH 45263-2530

HIGHLAND CENTER DRIVE-COLUMBIA
C/O TRINITY PARTNERS MANAGEMENT - AR
440 S CHURCH ST, STE 800
CHARLOTTE, NC 28202

HIGHLAND IMAGING
PO BOX 63
ALLARDT, TN 38504

HI-LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD, OH 45018-8025

HI-LINCOLN NATIONAL LIFE INSURANCE CO.
PO BOX 0821
CAROL STREAM, IL 60132-0821

HI-LINCOLN NATIONAL LIFE-DENTAL
PO BOX 0821
CAROL STREAM, IL 60132

HILL, KAREN
25 CRYSTAL AVE.
GREENVILLE, SC 29605

HILL, MORGAN
161 WILLOWOOD DR
SPARTANBURG, SC 29303

HILL, SAMUEL
3944 FORRESTER ROAD
GREER, SC 29651

HINTON, BRITTNI
4807 OLD SPARTANBURG RD
1500-K
TAYLORS, SC 29687-4238

HINTON, JULIE
5 MERRYWOOD DR
TAYLORS, SC 29687

HIOTT PRINTING COMPANY
207 JOHNSON STREET
PO BOX 997
PICKENS, SC 29671

HIOTT, TIFFANY
240 SYLVIA ROAD
BELTON, SC 29627

HI-PROBENEFITS, INC. - EFT
PO BOX 896200
CHARLOTTE, NC 28289

HI-PRUDENTIAL GROUP INSURANCE
PO BOX 101241
ATLANTA, GA 30392-1241

HIRT, KATIE
245 HADLEY COMMONS DR
MAULDIN, SC 29662

HISCOX INC
C/O WILLIS OF NORTH CAROLINA, INC
29754 NETWORK PLACE
CHICAGO, IL 60673-1297

HI-THE BENEFIT COMPANY, INC
PO BOX 211486
COLUMBIA, SC 29221

HOLMAN, LAUREN
103 RED LEAF CT
EASLEY, SC 29642

HONAKER, PATRICK
412 KIMBALL DRIVE
MARION, SC 29571

HONEA, KATIE
110 DRURY LANE
MAULDIN, SC 29662

HOOD, HALLE
114 SNIPE LANE
EASLEY, SC 29642

HORTON, BRITTANI
434 PLEASANT GREEN DR
INMAN, SC 29349

HOUCK-MORRIS, MELISSA
120 PENN CIRCLE

GALIVANTS FERRY, SC 29544

HOWARD, EUGENIA
PO BOX 42
ARCADIA, SC 29320

HUBER, CHRISTA
110 ROYAL COURT
GREENVILLE, SC 29611

HUBER, MARGARET
6780 RACKING LANE
WEDGEFIELD, SC 29168

HUDGENS, CAMEISHA
741 WOODRUFF RD
APT. 2512
GREENVILLE, SC 29607

HUDSON, EMILEE
200 N LYLES AVENUE
LANDRUM, SC 29356

HUDSON, ZENOBIA
7585 HIGH MAPLE COURT
NORTH CHARLESTON, SC 29418

HUFF, KATIE
402 A NORTH MAIN STREET
GREER, SC 29650

HUGHES, KARLA
131 SHARLA CT
LIBERTY, SC 29657

HUMANA GOLD CHOICE

PO BOX 14601
LEXINGTON, KY 40512-4601

HURON CONSULTING SERVICES, LLC DEFERRED
4795 PAYSHERE CIRCLE
CHICAGO, IL 60674

HURON CONSULTING SERVICES, LLC
4795 PAYSHERE CIRCLE
CHICAGO, IL 60674

HUTLEY, JOYCE
2 AIKEN UNO LANE
TAYLORS, SC 29687

IBRAHIM, ANGELIA
4005 GROUSEWOOD DRIVE
MYRTLE BEACH, SC 29588

IBUY OFFICESUPPLY
14940 28TH AVE NORTH
PLYMOUTH, MN 55447

IMAGING ASSOCIATES, INC. -
3223 32ND AVE S, STE 201
FARGO, ND 58103-6278

IMAGING SOLUTIONS HEALTHCARE LLC
ANDERSON, BOTTRELL, SANDEN AND THOMPSON
C/O MICHAEL J. HOFER
5257 27TH ST. S., STE. 101
FARGO, ND 58104

IMAGING SOLUTIONS HEALTHCARE LLC
C/O ANDERSON BOTTRELL SANDEN AND
THOMPSON, DAVID J HAUFF
PO BOX 10247
FARGO, ND 58104

IMAGING SOLUTIONS, INC.
3223 32ND AVE S, STE 201
FARGO, ND 58103-6278

IMCS INTEGRATED MICRO-CHROMATOGRAPHY
SYST
110 CENTRUM DRIVE
IRMO, SC 29063

IMHOF, BEVERLY
200 CROSSVINE WAY
SIMPSONVILLE, SC 29680

IMMEDION, LLC
PO BOX 745116
ATLANTA, GA 30374-5116

INDEXX, INC.
303 HAYWOOD ROAD
GREENVILLE, SC 29607

INFINITY ENTERPRISES - FLORENCE
C/O DR DEAN BANKS
9303 VENEZIA CIRCLE
MYRTLE BEACH, SC 29579

INFINITY MED CHOICE ORTHOPEDIC
8698 ELK GROVE BLVD
STE 1 - 208
ELK GROVE, CA 95624

INGRAM, BROOKE
1010 OLD HUNTS BRIDGE ROAD
GREENVILLE, SC 29617

INNES, JOANNE
214 DRAYTON STREET
WINNSBORO, SC 29180

INTEGRA PAIN MANAGEMENT
PO BOX 100416
ATLANTA, GA 30384

INTERNAL REVENUE SERVICE

KANSAS CITY, MO 64999-0202

INTERSTATE HEALTH PHYSICS CONSULTING LLC
112 DEERCHASE LANE
LEXINGTON, SC 29072

ION TECHNOLOGY SUPPORT INC
1204 COPELAND OAKS DRIVE
MORRISVILLE, NC 27560

IRON MOUNTAIN - SC77X
PO BOX 27128
NEW YORK, NY 10087-7128

IRON MOUNTAIN - SC826-SHRED SUMTER
PO BOX 27128
NEW YORK, NY 10087

IRON MOUNTAIN - SR995-STORAGE
PO BOX 27128
NEW YORK, NY 10087-7128

IRON MOUNTAIN
PO BOX 27128
NEW YORK, NY 10087-7128

IRONSHORE INSURANCE LIMITED
175 POWDER FOREST DR
WEATOGUE, CT 06089

ISLER, MARY
8 JACKSON DRIVE
STARTEX, SC 29377

IT-RECOUP LLC
1709 LAKE DRIVE WEST
CHANHASSEN, MN 55317

J D HAAS, LLC 1099
109 PEPPERWOOD DRIVE
GREENVILLE, SC 29611

JACKSON AND COKER PERMANENT, LLC.
2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

JACKSON, DE-ADRIENNE
116 ELETA DRIVE
LEXINGTON, SC 29073

JACKSON, TAMEKA
206 CATTERICK WAY
FOUNTAIN INN, SC 29644

JAMES CAIN 1099 BAM
113 RATHFARNHAM CIRCLE
ASHEVILLE, NC 28803

JAMES EARLES CLEANING SERVICE 1099
PO BOX 251
SANDY SPRINGS, SC 29677

JAMMIE STEPHENS
256 COPPERLEAF DRIVE
MYRTLE BEACH, SC 29588

JANT PHARMACAL
16530 VENTURA BLVD
SUITE 512
ENCINO, CA 91436

JAY PATEL
14 KETTERING COURT
EASLEY, SC 29642

JEFFERIES, ASHLEY
140 MANOR HOUSE LANE
CHESNEE, SC 29323

JEFFREY FARRICIELLI
3912 ASHTON SHORE LANE
MOUNT PLEASANT, SC 29466

JENKINS, KRYSTAL
120 MERRITT DRIVE
EASLEY, SC 29642

JENKINS, TRISHA
2212 PAMPLICO HIGHWAY
APT. J3
FLORENCE, SC 29505

JENNIFER TROISE
101 MILLER SPRINGS DR
MOORE, SC 29369

JENNINGS, KAYLA
587 LIBERTY HIGHWAY
LIBERTY, SC 29657

JESSICA BELL
210 CREEK FALLS XING
EASLEY, SC 29640

JETER, LAKEILA
449 GRANADA DRIVE
SPARTANBURG, SC 29303

JILL KESSLER
109 WINDSONG COURT
ANDERSON, SC 29621

JOBES, LYNNE
1340 LONGCREEK DRIVE
COLUMBIA, SC 29210

JOHANNING, JODI
106 PHILLIPS LANE
GREER, SC 29650

JOHN HAAS
109 PEPPERWOOD DRIVE
GREENVILLE, SC 29611

JOHNSON CONTROLS SECURITY SOLUTIONS
PO BOX 371967
PITTSBURGH, PA 15250-7967

JOHNSON, CHASITY
110 K C BERRY ROAD
STARR, SC 29684

JOHNSON, DEBORAH
108 COUNTRY COVE LANE
GREER, SC 29651

JONES DAY
1420 PEACHTREE STREET, N E , SUITE 800
ATLANTA, GA 30309

JONES, CORINE
230 ROPER MOUNTAIN ROAD EXTENSION
APT 703G
GREENVILLE, SC 29615

JONES, MALIKA
300 SULPHUR SPRINGS RD
APT NBR 06
GREENVILLE, SC 29617

JONES, VALARIE
252 DANBY CT
COLUMBIA, SC 29212-1844

JOSEPH OQUINN
12 KETTERING COURT
EASLEY, SC 29642

JOSEPH OQUINN/JWO ENTE 1099 BAM
JWO ENTERPRISE, LLC
12 KETTERING CT
EASLEY, SC 29642

JUSTICE, RAGEN
508 TARRANT STREET
CENTRAL, SC 29630

KATHY MOTES
260 BALLANTYNE COMMON CIRCLE
APT. 204
HENDERSONVILLE, NC 28792

KEARSE, SHERICA
20 RIVERSIDE DRIVE
TAYLORS, SC 29687

KEFFER, SARAH
335 ZIMMERMAN ROAD
INMAN, SC 29349

KEITH, CHELLA
111 MAYWOOD DRIVE
TAYLORS, SC 29687

KEITH, CHRISTINA
625 FARRS BRIDGE ROAD
GREENVILLE, SC 29611

KENNEDY, AMY
PO BOX 194
WAGENER, SC 29164

KENNEDY, TANGELA
10 CAPEWOOD ROAD
APT 127
SIMPSONVILLE, SC 29680

KERSHAW, DESTINY
222 LUKESVILLE ROAD
BUFFALO, SC 29321

KESSLER, JILL
109 WINDSONG COURT
ANDERSON, SC 29621

KING, NATASHA
2784 CRICKINTREE LANE
DARLINGTON, SC 29532

KING, SHEMA
706 FOUNTAINBROOK LANE
FOUNTAIN INN, SC 29644

KING, SHEMA
706 FOUNTAINBROOK LN
FOUNTAIN INN, SC 29644

KINNUNEN, COURTNEY
1628 SOUTH MCELHANEY ROAD
GREER, SC 29651

KIRKLAND, KARA
177 GARVIN DRIVE
WAGENER, SC 29164

KONIG PM LLC
C/O BLAKE LECHE
109 WAVERLY HALL LN.
SIMPSONVILLE, SC 29681

KONIG PM LLC
C/O DUNLAEVY LAW FIRM
JEFFREY P DUNLAEVY
37 VILLA RD , STE 440
GREENVILLE, SC 29615

KUDZU STAFFING, INC.
PO BOX 51627
POWDERSVILLE, SC 29673

LABTECH DIAGNOSTICS
1502 E GREENVILLE STREET
ANDERSON, SC 29621

LACROIX, AMI
328 GEORGES CREEK DR

EASLEY, SC 29640

LANCASTER, MEGAN
36 RIDGE TOP ACRES
CANDLER, NC 28715

LANCE, MORGAN
368 MOUNT BETHEL RD
PICKENS, SC 29671

LANDMARK AMERICAN INSURANCE COMPANY
C/O WILLIS OF NORTH CAROLINA, INC
29754 NETWORK PLACE
CHICAGO, IL 60673-1297

LAWSON, ASHLEY
321 LINDEN HALL LANE
EASLEY, SC 29640

LAWTON, DESTINY
1834 WESTRIDGE BLVD
CONWAY, SC 29527

LEAGUE, JAMES
209 WOODY CREEK ROAD
GREER, SC 29650

LEAVENWORTH, JOY
219 CATTERICK WAY
FOUNTAIN INN, SC 29644

LECHE, AMANDA
305 CHENOWETH DRIVE
SIMPSONVILLE, SC 29681

LECHE, BLAKE

109 WAVERLY HALL LN
SIMPSONVILLE, SC 29681

LEE, KELLY
PO BOX 271
VANCE, SC 29163

LEE, SHANNON
4637 OXFORD ROAD
COLUMBIA, SC 29209

LEONARD MEYER LLP
120 N LASALLE ST, STE 2000
CHICAGO, IL 60601

LEVASSEUR, DAWN
41 WESTERN AVENUE
FAIRFIELD, ME 04937

LEXINGTON TERMITE AND PEST CONTROL, INC.
439 HEARTWOOD DRIVE
LEXINGTON, SC 29073

LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD, OH 45018-8025

LIBERTY MUTUAL INSURANCE-EFT
PO BOX 188025
FAIRFIELD, OH 45018-8025

LICHOTA, LISA
516 FOXCROFT RD
GREENVILLE, SC 29615

LINCE, KATHY

30 HARLEY CREEK ROAD
CANTON, NC 28716

LINCOLN NATIONAL LIFE INSURANCE CO.
PO BOX 0821
CAROL STREAM, IL 60132-0821

LINCOLN NATIONAL LIFE-DENTAL
PO BOX 0821
CAROL STREAM, IL 60132

LINDA SULLIVAN
115 ODELL RD
LIBERTY, SC 29657

LINDLER, CAMERON
22 FRIARTUCK ROAD
GREENVILLE, SC 29608

LINDLER, TINA
11245 GARNERS FERRY RD
EASTOVER, SC 29044

LIPOMED
150 CAMBRIDGE PARK DRIVE
SUITE 705
CAMBRIDGE, MA 02140

LISA FORGIONE BAM 1099
301 HOLLY ST
CLINTON, SC 29325

LISA FORGIONE
301 HOLLY STREET
CLINTON, SC 29325

LITTLEJOHN, AQUINNDA
426 ESTELLE ROAD
GAFFNEY, SC 29341

LIVEYON
7700 IRVINE CNTR DR NBR 800
IRVINE, CA 92618

LLOYD, HEATHER
114 NORTHVIEW RD
WEST COLUMBIA, SC 29169

LOHMAN, REBECKAH
104 FAWN CT
LEXINGTON, SC 29072

LONG, KAITLYN
4875 BUFFALO WEST SPRINGS HIGHWAY
PAULINE, SC 29374

LONG, SHANE
231 CORN ROAD
GREENVILLE, SC 29607

LOWE, KAREN
386 THISTLE LN
MYRTLE BEACH, SC 29579

LUCAS, AMANDA
168 SANDY CREEK CT
GASTON, SC 29053

LUCIOUS DANA SAPP
C/O PARHAM SMITH AND ARCHENHOLD, LLC
ASHLEE EDWARDS WINKLER
15 WASHINGTON PARK
GREENVILLE, SC 29601

LUCKY, KIM
207 14TH STREET APT E-11
HARTSVILLE, SC 29550

LUMPKIN, CONSTANT
346 CAUDELL DRIVE
LAVONIA, GA 30553

LUTHERAN SERVICES - ARDEN, NC
ATTN: KIRBY NICKERSON
PO BOX 947
SALISBURY, NC 28145

LYKES, AMY
211 FOXGLOVE DRIVE
SWANSEA, SC 29160

LYLES, PAMELA
284 FERNDAL DRIVE
BOILING SPRINGS, SC 29316

LYONS, BRITTANY
610 FOREST CREEK CIRCLE
GREER, SC 29651

MACK, ERICA
170 SHERMAN DRIVE
BOILING SPRINGS, SC 29316

MAG MUTUAL INSURANCE AGENCY, LLC
PO BOX 52979
ATLANTA, GA 30305

MAG MUTUAL INSURANCE AGENCY, LLC
PO BOX 52979
ATLANTA, GA 30355-0979

MAGNACARE
PO BOX 1001
GARDEN CITY, NY 11530

MAGNOLIA CENTER ONE, LLC
367 DEBORDIEU BLVD
GEORGETOWN, SC 29440

MAR COR INC
16233 COLLECTIONS CENTER DR
CHICAGO, IL 60693

MARION DAVIS INC.
PO BOX 2429
EASLEY, SC 29641-2429

MARLENE SAPP
C/O PARHAM SMITH AND ARCHENHOLD, LLC
ASHLEE EDWARDS WINKLER
15 WASHINGTON PARK
GREENVILLE, SC 29601

MARLING, BREANNE
203 SHUTTER ROAD
CENTRAL, SC 29630

MARTIN, KAREENA
2554 BOILING SPRINGS ROAD
BOILING SPRINGS, SC 29316

MARTINDALE, KIMBERLY
18 MANIOUS DRIVE
ARDEN, NC 28704

MARTINEZ, BRENDA

116 OLD STONE ROAD
COLUMBIA, SC 29229

MARY BLACK HEALTH - SPARTANBURG
SRHS-ACCOUNTING
ATTN: DANA HORTON
SPARTANBURG, SC 29303

MARY COX
20 CHARTWELL CT
SUMTER, SC 29154

MASON, DIANA
10 MILL PARK COURT
GREENVILLE, SC 29611

MASSEY, ELISABETH
19 DANBURY DRIVE
GREENVILLE, SC 29615

MATT FURMAN BAM
100 BEAVER LAKE DR
ELGIN, SC 29045

MAULDIN, KARESA
306 PARK WEST CIRCLE
EASLEY, SC 29642

MAYES, DANA
1710 WOODS DRIVE
FLORENCE, SC 29505

MAYS, ROBERT
310 ELM DRIVE
MAULDIN, SC 29662

MCBEE, TOBEY
116 ALLSBROOK PLACE
MOORE, SC 29369

MCCARLEY, JOSHUA
225 CARDINAL LN
CHESNEE, SC 29323

MCCASKILL, PATRICIA
305 FALLEN TIMBER TRAIL
BLYTHEWOOD, SC 29016

MCCLAM, MARY
1321 GILBERT DRIVE
FLORENCE, SC 29506

MCCOLLUM BUSINESS LLC
435 PROVIDENCE DR
EASLEY, SC 29642

MCCOLLUM, JAMES
409 HAVERHILL CIR
EASLEY, SC 29642

MCCOLLUM, JAMES
409 HAVERHILL CIRCLE
EASLEY, SC 29642

MCDUGAL, ASHLEY
1614 CHEROKEE ROAD
FLORENCE, SC 29501

MCFADDEN, JANEISHA
1226 PATTY RD
CADES, SC 29518

MC GEE, CHARRA
1634 DOGWOOD STREET
CAYCE, SC 29033

MCGOWENS, MAKENZIE
447 LATHAM ROAD
EASLEY, SC 29640

MCGUIREWOODS, LLP
TOWER TWO- SIXTY
260 FORBES AVE
PITTSBURGH, PA 15222

MCHENRY, KIMBERLY
101 SHARON HEIGHTS DR
LIBERTY, SC 29657

MCKESSON MEDICAL-SURGICAL
PO BOX 634404
CINCINNATI, OH 45263-4404

MCKINNEY, LISA
210 WINCHEST DRIVE
CENTRAL, SC 29630

MEDICAL LABORATORY SOLUTIONS, INC.
270 RUTLEDGE RD, STE D
FLETCHER, NC 28732

MEDIPLUS
PO BOX 9126
DES MOINES, IA 50306

MEDLIN, LISA
159 GLENDALE LN
EASLEY, SC 29640

MEDLINE INDUSTRIES, INC.
DEPT CH 14400
PALATINE, IL 60055-4400

MEDSUPPLY PARTNERS
3715 ATLANTA INDUSTRIAL PKWY
SUITE B
ATLANTA, GA 30331

MEDTRONIC INC. USA
PO BOX 409201
ATLANTA, GA 30384-9201

MEEHAN, GRETA
1026 WALDEN CREEK WAY
GREENVILLE, SC 29615

MEEKINS, TONISHA
223 JIMMY LOVE LANE
COLUMBIA, SC 29212

MEHAFFEY, BRITTANY
9 HOWARD DRIVE
CANTON, NC 28716

MELODY DEANGELIS
198 OLD BLACKSMITH ROAD
SIX MILE, SC 29682

MERCEDES MEDICAL
7590 COMMERCE COURT
SARASOTA, FL 34243

MERCHANT CREDIT CARD PROCESSING
PO BOX 6600
HAGERSTOWN, MD 21741-6600

MERITMEDICAL INC.
PO BOX 204842
DALLAS, TX 75320-4842

MICHELE THOMSON
963 MT SHOALS RD
ENOREE, SC 29335

MIKELL, SUSAN
7013 OLD GREENVILLE HWY
LIBERTY, SC 29657

MILES, TONYA
113 SHELBY DRIVE
PICKENS, SC 29671

MILLER, JAKAILA
129 NORFOLK CIRCLE
ANDERSON, SC 29625

MILLER, JAMES
104 LONG CREEK COURT
INMAN, SC 29349

MILLER, KAITLYN
716 MEECE MILL ROAD
PICKENS, SC 29671

MIMMS CONTRACTING LLC
PO BOX 6732
COLUMBIA, SC 29260

MINKS, DENISE
1032 PORTICO LOOP
MYRTLE BEACH, SC 29577

MITCHELL, CHARLES
108 COMMON OAKS CT
SIMPSONVILLE, SC 29681-3931

MITCHELL, RYAN
1959 OSPREY DRIVE
FLORENCE, SC 29501

MOKAN, ROMAN
429 MEADOW ROAD
INMAN, SC 29349

MOLONEY, KEVIN
105 LAPORT DR
MAULDIN, SC 29662

MOODY, KELSEY
964 G W WHITMIRE ROAD
ROSMAN, NC 28772

MOORE, CHRISTY
1011 WEST SHOCKLEY FERRY ROAD
ANDERSON, SC 29626

MOORE, MIRANDA
1708 CHIMNEY SWIFT LN
WEST COLUMBIA, SC 29169-5418

MOREHEAD, NICHOLE
1715 DR JOHNS RD
WESTMINSTER, SC 29693-5254

MORGANO, GABRIELLE
6 CHUCKWOOD COURT
SIMPSONVILLE, SC 29680

MORRIS, REGINA
556 BRONZE DRIVE
LEXINGTON, SC 29072

MORRIS, WENDY
3367 YOUNG CHARLES DR
FLORENCE, SC 29501

MOSES, ANGELA
100 PRINCETON DR
EASLEY, SC 29640

MOSS, KAYLYN
414 KILLION DR
GAFFNEY, SC 29340

MOSS, KESHIA
312 TERILYN COURT
GREENVILLE, SC 29611

MOTES, KATHY
260 BALLANTYNE COMMON CIRCLE
APT. 204
HENDERSONVILLE, NC 28792

MOTT, TRACY
211 PINECREST DRIVE
MAULDIN, SC 29662

MOUNTAINSIDE MEDICAL EQUIPMENT
5955 NY-291
MARCY, NY 13403

MP COMPUTER SYSTEMS INC
PO BOX 5752
FLORENCE, SC 29502

MSA CARE GUARD
PO BOX 827
BURLINGTON, MA 01803

MULL, CAROLA
230 DONNAN ROAD
APT 1B
TAYLORS, SC 29687

MUMFORD, ANGEL
621 ASPEN ST
FLORENCE, SC 29501

MUNEZA, SERAPHINE
5300 AUGUSTA RD
APT 81
GREENVILLE, SC 29605

MUNIZ, FELIX
1015 NUTT STREET
APT. 334
WILMINGTON, NC 28401

MURIEL CALHOUN
C/O BLUESTEIN THOMPSON SULLIVAN, LLC
ALLISON PAIGE SULLIVAN
PO BOX 7965
COLUMBIA, SC 29202

MY WEB NINJA LLC
400 W LEGION BLVD
OWENSBORO, KY 42303

MYERS, RICHARD
411 RIVER STREET
APT NBR 303
GREENVILLE, SC 29601

NABORS, TERRI
505 WESTCHESTER RD
EASLEY, SC 29640

NALC - CIGNA
PO BOX 188004
CHATTANOOGA, TN 37422

NATUS NEUROLOGY INCORPORATED
PO BOX 3604
CAROL STREAM, IL 60132-3604

NAZERY, XAVIER
312 PERSIAN COURT
HOPKINS, SC 29061

NEFF, MELANIE
1800 FM 1640 ROAD NBR 416
RICHMOND, TX 77469

NELMES, SHANNON
207 WALNUT DRIVE
PICKENS, SC 29671

NELSON MULLINS RILEY AND SCARBOROUGH
LLP EFT
104 SOUTH MAIN STREET NINTH FLOOR
GREENVILLE, SC 29601

NELSON, BRITTNEY
911 SASSAFRAS DR
SUMTER, SC 29150

NEWCOMER, JOANNA
18 MONTFORD CT

TRAVELERS REST, SC 29690

NEWMAN, MELANIE
121 GRANT STREET
EASLEY, SC 29640

NEXT LEVEL FLOORING SOLUTIONS, LLC
444 BEAUCATCHER UNIT 6
ASHEVILLE, NC 28805

NICHOLSON RUSHTON, ANN
324 SMOKEY COURT
LEXINGTON, SC 29073

NIXON, IESHA
1514 GLENWOOD ROAD
SPARTANBURG, SC 29307

NORMA LEE WILSON
C/O GEORGE BROWN
LOWE YEAGER AND BROWN PLCC
900 S. GAY ST., STE. 2102
KNOXVILLE, TN 37902

NORMA SWEET
744 VIOLA COURT
COLUMBIA, SC 29229

NORTON, MICHELLE
110 PINE LAKE DRIVE
EASLEY, SC 29642

CONNOR, ANGIE
741 WOODRUFF ROAD
APT 2035
GREENVILLE, SC 29607

ODOM, JESSICA
158 PLEMMONS RD
LYMAN, SC 29365

OGLETREE DEAKINS
PO BOX 89
COLUMBIA, SC 29202

OLDHAM, KIMBERLY
311 WATTS HILL RD
ELGIN, SC 29045-8860

OQUINN, JOSEPH
12 KETTERING COURT
EASLEY, SC 29642

ORASURE TECHNOLOGIES, INC. CC
PO BOX 780518
PHILADELPHIA, PA 19178-0518

ORTHOGEN RX
LOCKBOX 28390
28390 NETWORK PLACE
CHICAGOE, IL 60673-1283

OSBORNE, LAVOSKSKIE
108 SANDPINE CIRCLE
COLUMBIA, SC 29229

OTIS ELEVATOR COMPANY
PO BOX 73579
CHICAGO, IL 60673

OUELLETTE, CHRISTINE
7 STONO DRIVE
GREENVILLE, SC 29609

OWENS, MIRANDA
428 CHILDRESS RD
EASLEY, SC 29640

PAGE, JENNIFER
641 SLATTON SHOALS ROAD
PELZER, SC 29669

PAGE, KILEY
218 SHADOW CREEK LANE
ANDERSON, SC 29621

PALL CORP
PO BOX 419501
BOSTON, MA 02241

PALMER, ANGELA
227 CAMELLIA CIR
GAFFNEY, SC 29341-1138

PALMER, SOMMER
109 JAMES RD
EASLEY, SC 29642

PALMETTO GBA/MEDICARE - SC
FINANCE AND ACCOUNTING
PO BOX 100246
COLUMBIA, SC 29202-3280

PALMETTO SECURITY CO, INC.
4 MEDICAL COURT
SUMTER, SC 29150

PALMETTO UNIFORM, INC.
2015 J WEST EVANS ST
FLORENCE, SC 29501

PARKER, SYLNOVIA
457 MOORER RD
SAINT MATTHEWS, SC 29135

PATEL, ABHAY
9 NEW ALTAMONT TERRACE
GREENVILLE, SC 29609

PATEL, JAY
14 KETTERING COURT
EASLEY, SC 29642

PATRICIA MINTLINE
251 HICKS DR
INMAN, SC 29349

PATTERSON, BRANDON
7 SANDRINGHAM ROAD
TAYLORS, SC 29687

PAUL, LURIKA
100 FAIRFOREST ROAD
APT. B-1
COLUMBIA, SC 29212

PAULINE, CELIA
1587 GILES ROAD
LEXINGTON, NC 27295

PAY PLUS / ZELLIS PAYMENTS
18167 US HIGHWAY 19 NORTH
SUITE 300
CLEARWATER, FL 33764

PELKEY, CHRISTY

412 FOREST HILL ROAD
WAYNESVILLE, NC 28785

PERKINELMER HEALTH SCIENCES INC.
13633 COLLECTIONS CENTER DR
CHICAGO, IL 60693-0136

PERKINS, AMY
5 SKILTON DR
TRAVELERS REST, SC 29690

PERKINS, CAROLINE
433 HUNTER MILL RD
LIBERTY, SC 29657

PERKINS, LYNN
145 RIVERWOOD TRAIL
MARIETTA, SC 29661

PERMA
PO BOX 183188
COLUMBUS, OH 43218

PHENOMENEX
411 MADRID AVENUE
TORRANCE, CA 90501-1430

PHILLIPS, CASSIE
210 DANIEL STREET
ANDERSON, SC 29625

PHILLIPS, CHRISTA
405 LENHARDT ROAD
EASLEY, SC 29640

PIEDMONT NATURAL GAS

PO BOX 660920
DALLAS, TX 75266-0920

PIEDMONT NATURAL GAS-7002-ANDERSON EFT
PO BOX 1246
CHARLOTTE, NC 28201-1246

PIONEER CREDIT RECOVERY
PO BOX 979113
SAINT LOUIS, MO 63197-9000

PIPETTE.COM
10360 SORRENTO VALLEY RD, SUITE E
SAN DIEGO, CA 92121

PITNEY BOWES
PO BOX 371887
PITTSBURGH, PA 15250-7887

PJP MARKETPLACE
9355 BLUE GRASS ROAD
PHILADELPHIA, PA 19114

PLATINUM CODE
8095 215TH STREET W
LAKEVILLE, MN 55044

PLUMBERS AND PIPEFITTERS
PO BOX 840
MACON, GA 31202

PMD - LAKESIDE
209 DEPOT STREET
SUITE B
GREER, SC 29651

POMCO
PO BOX 118
SYRACUSE, NY 13206

POSTON, HANNAH
105 WINSTON WAY
EASLEY, SC 29640

POSTON, MARIAN
119 COPPERMINE DRIVE
EASLEY, SC 29642

POUGH, QUEEN
13405 CRESCENT SPRINGS DRIVE NBR 4
CHARLOTTE, NC 28273

POWELL, AMY
113 SHEFFIELD ROAD
EASLEY, SC 29642

POWELL, RALONDA
237 LAUREL LANE NBR 25
FLORENCE, SC 29506

PR-AARP MEDDICARE COMPLETE
PO BOX 31362
SALT LAKE CITY, UT 84131

PR-ABSOLUTE TOTAL CARE
PO BOX 3050
FARMINGTON, MO 63640-3821

PR-ABSOLUTETOTAL CARE
PO BOX 602939
CHARLOTTE, NC 28260

PR-ACCENT COST CONTAINMENT SOLUTIONS
PO BOX 542007
OMAHA, NE 68154-8007

PR-ACCENT
PO BOX 952366
SAINT LOUIS, MO 63195-2366

PRACTICE DIAGNOSTIC SYSTEMS, LLC PDS
PRACTICAL DATA SOLUTIONS
33 BULLET HILL RD
SOUTHBURY, CT 06488

PR-ADVANCED PHYSICAL THERAPY
5284 CALHOUN MEM HWY
STE L
EASLEY, SC 29640

PR-AETNA
PO BOX 14079
LEXINGTON, KY 40512-4079

PR-AMERICAN RETIREMENT LIFE INS
PO BOX 30010
AUSTIN, TX 78755

PR-AMERICAS 1ST CHOICE
PO BOX 210769
COLUMBIA, SC 29221-0769

PR-ANS SOLUTIONS LLC
92 E MAIN STREET SUITE 307
SOMERVILLE, NJ 08876

PRAXAIR
1939 BLUFF ROAD
COLUMBIA, SC 29201

PRAXAIR
PO BOX 120812 DEPT 0812
DALLAS, TX 75312-0812

PRAXAIR, INC - 76578884-EQUIP LEASE
PO BOX 120812 DEPT 0812
DALLAS, TX 75312-0812

PRAXAIR, INC. - 71713891 SHARE LS
PO BOX 120812 DEPT 0812
DALLAS, TX 75312-0812

PR-BCBS OF NC
FINANCIAL PROCESSING SERVICES
PO BOX 30048
DURHAM, NC 27702

PR-BCBSSC
ATTN:LOCKBOX, AX-A31
I-20 E AT ALPINE RD
COLUMBIA, SC 29219-0001

PR-BENEFIT ADMINISTRATIVE SYSTEMS, LLC
17475 JOVANNA DRIVE, SUITE 1D
HOMEWOOD, IL 60430-1082

PR-BLUE CROSS BLUE SHIELD OF SC
PO BOX 100300
COLUMBIA, SC 29212

PR-BLUECHOICE HEALTH PLAN
21555 OXNARD ST
WOODLAND HILLS, CA 91367

PR-BROADSPIRE SERVICES, INC.
PO BOX 14645

LEXINGTON, KY 40572

PR-CAINE AND WEINER
PO BOX 5010
WOODLAND HILLS, CA 91365

PR-CARE IMPROVEMENT PLUS
PO BOX 822657
PHILADELPHIA, PA 19182-2657

PR-CGS ADMINISTRATORS LLC
PO BOX 955152
ST LOUIS, MO 63195

PR-CHAPPELL, SMITH AND ARDEN, PA
PO BOX 12330
COLUMBIA, SC 29211

PR-CHRISTIAN AND DAVIS
1007 E WASHINGTON ST
GREENVILLE, SC 29601

PR-CIGNA
PO BOX 188061
CHATTANOOGA, TN 37422-8061

PR-COLLINS AND LACY
PO BOX 12487
COLUMBIA, SC 29211

PR-CONDUENT PAYMENT INTEGRITY SOLUTIONS
REFUND DEPT
PO BOX 3009
NAPERVILLE, IL 60566

PR-CONSUMERS CHOICE HEALTH PLAN

ATTN: RECOVERIES DIVISION
PO BOX 779
LITTLE ROCK, AR 72203

PR-CONTINENTAL BENEFITS
PO BOX 3610
BRANDON, FL 33509

PR-COTIVITI HEALTHCARE
ATTN: FIRST CHOICE VIP CARE CLAIMS
555 NORTH LANE, SUITE 6020
CONSHOHOCKEN, PA 19428

PR-DEPARTMENT OF VETERANS AFFAIRS
1100 TUNNELL ROAD
ASHEVILLE, NC 28801

PRECISE HEALTH RESOURCES, LLC
C/O BRANT TURNER
102 SWEETWATER CT
GREER, SC 29650

PREFERRED HEALTH
3209 SW PORT ST. LUCIE BLVD NBR 114
PORT ST. LUCIE, FL 34953

PREFERRED MEDICAL PRODUCTS
PO BOX 100
DUCKTOWN, TN 37326

PREMIER FIRE PROTECTION
PO BOX 1765
SIMPSONVILLE, SC 29681

PREMIER MEDICAL LAB SERVICES
PO BOX 2009
FOUNTAIN INN, SC 29644

PREMIUM FUNDING ASSOCIATES, INC
1 WORLD FINANCIAL CENTER
200 LIBERTY STREET
NEW YORK, NY 10281

PR-EMPLOYERS PREFFERED INS CO
PO BOX 71088
CHARLOTTE, NC 28272

PRESCOTT, GLYNIS
516 N NETTLES ST.
BISHOPVILLE, SC 29010

PRESCRIBERS LETTER
3120 W MARCH LANE
PO BOX 8190
STOCKTON, CA 95297-0842

PRESTIGE STAFFING LLC
8010 ROSWELL ROAD
SUITE 330
ATLANTA, GA 30350

PRESTON LOUNDS
5 NORTH PLAINVIEW DR
GREENVILLE, SC 29611

PR-FORETHOUGHT
PO BOX 16500
CLEARWATER, FL 33766-6500

PR-GEHA
PO BOX 410014
KANSAS CITY, MO 64179-9775

PR-GHI

PO BOX 2814
NEW YORK, NY 10116-2814

PR-HARTSVILLE PHYSICAL THERAPY
1920 SECOND LOOP RD
STE 5
FLORENCE, SC 29501

PR-HEALTH SCOPE BENEFITS
ATTN: RECOVERIES DIVISION
27 COPRORATE HILL DRIVE
LITTLE ROCK, AR 72205

PR-HEALTHNET FEDERAL SERVICES VETERANS
PO BOX 2748
VIRGINIA BEACH, VA 23450

PR-HEWITT, COLEMAN AND ASSOCIATES, INC
ATTN: WESLEY COMMONS
PO BOX 6708
GREENVILLE, SC 29606

PR-HOWARD, HOWARD, FRANCIS AND REID
PO BOX 10383
GREENVILLE, SC 29603

PR-HUMANA GOLD CHOICE
PO BOX 14601
LEXINGTON, KY 40512-4601

PR-HUMANA HEALTH CARE PLANS
PO BOX 931655
ATLANTA, GA 31193-1655

PR-HUMANA INC
PO BOX 14601
LEXINGTON, KY 40512-4601

PRICE, MARY
421 FANNIE MAE LANE
WAYNESVILLE, NC 28786

PRIME LINE INC
PO BOX 51569
PIEDMONT, SC 29673

PRINCE, LAUREN
108 GRAY LOG TURN
PIEDMONT, SC 29673

PRINCIPAL FINANCIAL GROUP
PO BOX 10372
DES MOINES, IA 50306-0372

PRINCIPAL LIFE
PO BOX 39710
COLORADO SPRINGS, CO 80949-3910

PR-INTEGRA BMS, INC.
A/R DEPARTMENT
PO BOX 1240
MATTHEWS, NC 28106-1240

PRINTTEK
57 BATESVILLE COURT
GREER, SC 29650

PRIORITY ONE SECURITY-GROVE
PO BOX 602577
CHARLOTTE, NC 28260-2577

PRIORITY ONE
PO BOX 602577
CHARLOTTE, NC 28260-2577

PR-JENNIFER TROISE
101 MILLER SPRINGS DR
MOORE, SC 29369

PR-LINDA SULLIVAN
115 ODELL RD
LIBERTY, SC 29657

PR-MCCARTHY, BURGESS AND WOLFF
MB AND W BUILDING
26000 CANNON RD
CLEVELAND, OH 44146

PR-MCWHIRTER, BELLINGER AND ASSOC
1807 HAMPTON ST.
COLUMBIA, SC 29201

PR-MEDICARE PART B
PALMETTO GBA/MEDICARE
MEDICARE PART B-FINANCE AND ACCOUNTING
COLUMBIA, SC 29202-3280

PR-MICHELE THOMSON
963 MT SHOALS RD
ENOREE, SC 29335

PR-MOAA MEDIPLUS
PO BOX 9126
DES MOINES, IA 50306

PR-MOLINA HEALTHCARE OF OHIO
DEPT 781661
PO BOX 78000
DETROIT, MI 48278-1661

PR-MOLINA HEALTHCARE OF S C
PO BOX 602960
CHARLOTTE, NC 28260-2960

PR-MSA CARE GUARD
PO BOX 827
BURLINGTON, MA 01803

PR-NATIONAL ELEVATOR INDUSTRY
19 CAMPUS BLVD STE 200
NEWTON SQUARE, PA 19073-3288

PROBENEFITS, INC.
PO BOX 896200
CHARLOTTE, NC 28289

PROCARE FLIGHT, LLC
25 AIRPARK CT
GREENVILLE, SC 29607

PROGRESSIVE BUISNESS PUBLICATIONS
370 TECHNOLOGY DRIVE
MALVERN, PA 19355

PR-OMNI HELATHCARE LLC
270 CARPENTER DRIVE NE
SUITE 695
ATLANTA, GA 30328

PROPEL HR, INC.
669 N ACADEMY ST
GREENVILLE, SC 29601

PROPEL, AMELIA
106 ZION STREET
EASLEY, SC 29640

PROPE, HEATHER
106 ZION STREET
EASLEY, SC 29640

PROPHET, SHANDA
113 MIMOSA DRIVE
GASTON, SC 29053

PROPROFS
6800 ALTAMOR DR
LOS ANGELES, CA 90045

PROTURF BUILDER
DOUGLAS J YOUNG
27 CONWAY DR
GREENVILLE, SC 29615

PROVIDENCE HOMEOWNERS ASSOCIATION
216 PROVIDENCE WAY
EASLEY, SC 29642

PR-PALMETTO GBA/MEDICARE
PO BOX 100190
COLUMBIA, SC 29202-3190

PR-PATRICIA MINTLINE
251 HICKS DR
INMAN, SC 29349

PR-PERMA
PO BOX 183188
COLUMBUS, OH 43218

PR-PIONEER CREDIT RECOVERY
PO BOX 979113
SAINT LOUIS, MO 63197-9000

PR-PLANNED ADMIN INC
PO BOX 6927,
COLUMBIA, SC 29260

PR-PLANNED ADMINISTRATORS, INC
ATTN: REFUNDS
PO BOX 6927
COLUMBIA, SC 29260

PR-POMCO
PO BOX 159 EASTWOOD STATION
SYRACUSE, NY 13206

PR-PRS-PAYMENT RESOLUTION SERVICE
PO BOX 415000
NASHVILLE, TN 37241-0836

PR-RECEIVABLE MANAGEMENT SERVIC
1250 E DIEHL RD STE 300
NAPERVILLE, IL 60563

PRS
PO BOX 292437
NASHVILLE, TN 37229-2437

PR-SALLEY LAW FIRM
129 EAST MAIN ST
LEXINGTON, SC 29072

PR-SC DEPARTMENT OF HEALTH AND HUMAN
CASH RECEIPTS
PO BOX 8355
COLUMBIA, SC 29202-8355

PR-SC MEDICAID
PO BOX 1412

COLUMBIA, SC 29202-1412

PR-SEDGWICK CLAIMS MANAGEMENT SERVICES
PO BOX 14434
LEXINGTON, KY 40512-4434

PR-SENTRY SELECT INSURANCE CO.
PO BOX 8032
STEVENS POINT, WI 54481

PR-TCC
ATTN: SANDRA MYRICK
PO BOX 22557
CHARLESTON, SC 29413

PR-THE DENNISON LAW FIRM
PO BOX 2468
GREENVILLE, SC 29602

PR-THE JOEL BIEBER FIRM
15 S MAIN STREET SUITE 600
GREENVILLE, SC 29601

PR-TRAVELERS INS PROPERTY CASUALTY
PO BOX 4614
BUFFALO, NY 14240

PR-TRICARE FOR LIFE
PO BOX 7928
MADISON, WI 53707-7928

PR-TRUSTMARK LIFE INSURANCE
PO BOX 2942
CLINTON, IA 52733-2942

PRUDENTIAL GROUP INSURANCE

PO BOX 101241
ATLANTA, GA 30392-1241

PRUITT, JAMIE
209 MAPLE DRIVE
ANDERSON, SC 29621

PR-UMR EATON CORPORATION
PO BOX 30541
SALT LAKE CITY, UT 84130

PR-UNIFIED LIFE INSURANCE CO
PO BOX 25326
OVERLAND PARK, KS 66225

PR-UNITED HEALTHCARE SERVICES, INC.
PO BOX 31362
SALT LAKE CITY, UT 84130-0555

PR-UNITED HEALTHCARE
PO BOX 101760
ATLANTA, GA 30392-1760

PR-UPMC HEALTHPLAN
PO BOX 2999
PITTSBURG, PA 15230

PR-UTICA MUTUAL INSURANCE COMPANY
ATTN: REFUNDS
PO BOX 5310
BINGHAMPTON, NY 13902-9955

PR-VERISA HOGLEN
285 PISGAH VIEW RD
ASHEVILLE, NC 28806

PR-VHG RECOVERY SERVICES
PO BOX 740804
ATLANTA, GA 30374

PR-WELLCARE RECOVERY DEPT
PO BOX 31658
TAMPA, FL 33631-3584

PR-WELLCARE
PO BOX 31658
TAMPA, FL 33631

PR-WILLIAM GRAY
209 RIVERBREEZE RD
GREENVILLE, SC 29611

PR-WILLIAMS AND KAMB
PO BOX 10693
GREENVILLE, SC 29603

PR-XEROX RECOVERY SERVICES
31355 OAK CREST DRIVE
SUITE 100
WESTLAKE VILLAGE, CA 91361

PR-ZIPPERER LORBERBAUM AND BEAUVAIS
PO BOX 9147
SAVANNAH, GA 31412

PSNC ENERGY
PO BOX 100256
COLUMBIA, SC 29202-3256

PSS CAROLINAS 2231 MYRTLE BEACH
PO BOX 741378
ATLANTA, GA 30374-1378

PT - ANDERSON COUNTY TREASURER
PO BOX 1658
ANDERSON, SC 29622

PT - BEAUFORT COUNTY TREASURER
BUSINESS LICENSE DEPARTMENT
PO DRAWER 1228
BEAUFORT, SC 29901-1228

PT - BUNCOMBE COUNTY TAX COLLECTOR-ARDEN
35 WOODFIN STREET, SUITE 204
ASHEVILLE, NC 28801-3014

PT - CHARLESTON COUNTY TREASURER
PO BOX 100242
COLUMBIA, SC 29202-3242

PT - GREENVILLE COUNTY TAX COLLECTOR
DEPARTMENT 390
PO BOX 100221
COLUMBIA, SC 29202-3221

PT - HORRY COUNTY TREASURER
DEPT 330 PO BOX 100215
COLUMBIA, SC 29202-3215

PT - INFINITY ENTERPRISES LLC
DEAN BANKS
1906 OSPREY DR
FLORENCE, SC 29501-6123

PT - LAURIE WALSH CARPENTER FLORENCE
PO BOX 100501
FLORENCE, SC 29502-0501

PT - OREN L BRADY III COUNTY TREASURER
PO BOX 5807

SPARTANBURG, SC 29304

PT - PICKENS COUNTY TREASURER
222 MCDANIEL AVENUE
B-6
PICKENS, SC 29671-2754

PT - RICHLAND COUNTY TREASURER
PO BOX 11947
COLUMBIA, SC 29211

PT - SPARTANBURG COUNTY TAX COLLECTOR
PO BOX 3060
SPARTANBURG, SC 29304

PTG INC
114 WILLIAMS STREET
GROUND LEVEL
GREENVILLE, SC 29601

PULSE MEDICAL INC DBA RADIATION CONCEPT
1130 ADA STREET SUITE B
BLUE RIDGE, GA 30513

PURCHASE POWER - 0541-9860 POSTAGE
PO BOX 371874
PITTSBURGH, PA 15250-7874

PURCHASE POWER - 0962-0380 CORP EFT
PO BOX 371874
PITTSBURGH, PA 15250-7874

PURITY MEDICAL PRODUCTS
PO BOX 940
PLACENTIA, CA 92871

PYE-BARKER FIRE AND SAFETY LLC
PO BOX 69
ROSEWELL, GA 30077

QS/1 DATA SYSTEMS
201 W ST. JOHN ST
SPARTANBURG, SC 29306

QUADRANGLE RESEARCH
PO BOX 12873
RESEARCH TRIANGLE PARK, NC 27709

QUALCARE, INC
PO BOX 249
PISCATAWAY, NJ 08855-0241

QUALITY SERVICE COMPANY, LLC
2208 NATIONAL AVENUE
FLORENCE, SC 29501

QUARTZY, INC.
DEPT 3895
PO BOX 123895
DALLAS, TX 75312-3895

QUEST DIAGNOSTICS
PO BOX 740709
ATLANTA, GA 30374-0709

QUILL CORPORATION
PO BOX 37600
PHILADELPHIA, PA 19101-0600

R AND L CARRIERS
PO BOX 271
WILMINGTON, OH 45177-0271

RACKLEY, BRIANNA
321 TEAKWOOD DRIVE
EASLEY, SC 29640

RACKLEY, MELISSA
321 TEAKWOOD DR
EASLEY, SC 29640

RADFORD, TRACY
218 SPRING ESTATES DR
LIBERTY, SC 29657

RADIOLOGY ASSOCIATES OF THE CAROLINAS
PO BOX 669
SIMPSONVILLE, SC 29681

RAINBOW SIGNS, INC.
PO BOX 712
GREENWOOD, SC 29648

RAJMAN 02, LLC
ATTN: MRS KAILASH PANDYA
274-B COMMONWEALTH DR
GREENVILLE, SC 29615

RAMOS, KIMBERLY
222 ABERDEEN DRIVE
ANDERSON, SC 29621

RAMSAY, JILLIAN
115 C DEERFIELD CT
EASLEY, SC 29640

RANDALL, ANNE
26 BEE MEADOWS CIR
SWANNANOVA, NC 28778

RATLIFF, WANDA
303 HUDDERSFIELD DRIVE
PIEDMONT, SC 29673

RAWLINS, ASIA SIMONE
1022 MANOR LANE
CONWAY, SC 29526

RAY, CATHY
165 KNIGHT DRIVE
CLYDE, NC 28721

RE - BLACK BEAR CONSULTING 1099
411 RIVER ST., APT 303
GREENVILLE, SC 29601

RE - BLAKE LECHE - KONIG DM, LLC 1099
BLAKE LECHE
109 WAVERLY HALL LN
SIMPSONVILLE, SC 29681

RE - BLAKE LECHE - KONIG DM, LLC
109 WAVERLY HALL LN
SIMPSONVILLE, SC 29681

RE - BRADLEY SWENSON 1099
2900 RAMBLING PATH
ANDERSON, SC 29621

RE - BRANT TURNER-PRECISE HEALTH RES-BAM
BRANT TURNER
1276 SHADOW WAY
GREENVILLE, SC 29615

RE - C AND D CUSTOM DESIGN
CORNELL DANAY

1242 BLUE JOHNSON RD
HOPKINS, SC 29061

RE - CANDICE BROWN
7243 FONTANA DR
COLUMBIA, SC 29209

RE - CHAPMAN CARPET CLEANING 1099
PO BOX 1414
GREER, SC 29652

RE - CHARLES RAY MITCHELL LOCUM/1099
116 AUBURN TOP LANE
MAULDIN, SC 29662

RE - CUSTOM INDOOR SERVICES CLEANING
106 SHERBERT COURT
SPARTANBURG, SC 29303

RE - DAWN RICHARDS BAM
126 MORNING LAKE DRIVE
MOORE, SC 29369

RE - DOUGLAS B MASSEY 1099
303 FAIRFOREST WAY
PICKENS, SC 29671

RE - DWIGHT JACOBUS
401 DEERFIELD DR
GREER, SC 29650

RE - ERIC HARRELL - Ecorp, LLC 1099 BAM
25 DRAPER STREET
UNIT 432
GREENVILLE, SC 29611

RE - ERIC HARRELL - Ecorp, LLC
25 DRAPER STREET
UNIT 432
GREENVILLE, SC 29611

RE - ERIC HARRELL BAM
108 FOX LANE
PICKENS, SC 29671

RE - FALICIA SCOTT
2805 CARRIAGE LANE
FLORENCE, SC 29505

RE - FELIX MUNIZ MD
1015 NUTT STREET APT 334
WILMINGTON, NC 28401

RE - GENENE FIELDS
110 THORNBY ROAD
IRMO, SC 29063

RE - GINNA EUGENIA HOWARD 1099
PO BOX 42
ARCADIA, SC 29320

RE - GRANADA NEIL 1099 - BAM
1399 ASHLEYBROOK LANE
SUITE 100
WINSTON SALEM, NC 27103

RE - GRIFFIN PAINTING OF THE UPSTATE
PO BOX 502
EASLEY, SC 29641

RE - J D HAAS, LLC 1099
109 PEPPERWOOD DRIVE
GREENVILLE, SC 29611

RE - JAMES CAIN 1099 BAM
113 RATHFARNHAM CIRCLE
ASHEVILLE, NC 28803

RE - JAMES EARLES CLEANING SERVICE 1099
PO BOX 251
SANDY SPRINGS, SC 29677

RE - JAMES M MCCOLLUM
409 HAVERHILL CIRCLE
EASLEY, SC 29642

RE - JAMES MILTON BAGWELL 1099
406 HAVERHILL CIRCLE
EASLEY, SC 29642

RE - JANET BRODIE BAM
125 SLOANS AVE
PERRY, SC 29137

RE - JOSEPH OQUINN/JWO ENTE 1099 BAM
JWO ENTERPRISE, LLC
12 KETTERING CT
EASLEY, SC 29642

RE - JOSH GREENE BAM
222 PINE CONE LOOP
BISHOPVILLE, SC 29010

RE - JULIA EBENBOECK BAM
16 PITTMAN RD
LYMAN, SC 29365

RE - KAITLYN WHITE 1099
19 WOODHAVEN WAY
EASLEY, SC 29642

RE - MATT FURMAN BAM
100 BEAVER LAKE DR
ELGIN, SC 29045

RE - REAGAN MEDICAL CONSULTING, LLC 1099
C/O DR CHRISTOPHER J RUBEL
20 LOWTHER HALL LANE
GREENVILLE, SC 29615

RE - RICHARD MINKS BAM
1032 PORTICO LOOP
MYRTLE BEACH, SC 29577

RE - ROBERT BLACKWELL 1099 BAM
706 ARCADIAN WAY
CHARLESTON, SC 29407

RE - ROJAS LANDSCAPING, LLC 1099
228 OLD CEDAR ROCK RD
EASLEY, SC 29640

RE - SANDRA MITCHUM BAM
2245 LLOYD DR
SUMTER, SC 29154

RE - SERVICE PA CHARLES PARKE 1099
ATTN: MS TERESA SIMONS
390 E HENRY ST
SPARTANBURG, SC 29302

RE - SIDNEY FLEEGLE 1099
3958 PANTHER CREEK RD
CLYDE, NC 28721

RE - SIMPLE SOLUTIONS ACCOUNTING LLC

123 QUINCY DR
GREER, SC 29650

RE - STEEPLECHASE PATHOLOGY, LLC 1099
ATTN: RENEE THOMAS, MD
1905 CARRIAGE HOUSE LANE
CAMDEN, SC 29020

RE - SYBIL REDDICK-REAL OPTIONS 1099 BAM
SYBIL REDDICK
32 QUAIL HILL DRIVE
GREENVILLE, SC 29607

RE - TERESA LESLIE 1099
102 ROSS ROAD
LIBERTY, SC 29657

RE - TIDEWATER RADIOLOGY LLC DR DOUD
216 CHECHESSEE RD
OKATIE, SC 29909

RE - WILLIAM H WHITLOCK 1099
201 BUCKINGHAM RD
EASLEY, SC 29640

RE -REFLECTIONS MAINTENANCE SERVICES INC
PO BOX 2105
LEICESTER, NC 28748

READYREFRESH BY NESTLE
PO BOX 856192
LOUISVILLE, KY 40285-6192

REDDICK, SYBIL
32 QUAIL HILL DRIVE
GREENVILLE, SC 29607

REDSTONE TECHNOLOGIES, LLC
PO BOX 50972
SUMMERVILLE, SC 29485

REFLECTIONS MAINTENANCE SERVICES INC
PO BOX 2105
LEICESTER, NC 28748

REFLECTIONS MAINTENANCE SERVICES INC.
29 RUMBOUGH PLACE
ASHEVILLE, NC 28806

REGISTERED AGENT SOLUTIONS INC
1701 DIRECTORS BLVD
SUITE 300
AUSTIN, TX 78744

REGISTERED AGENT SOLUTIONS, INC
1701 DIRECTORS BLVD SUITE 300
AUSTIN, TX 78744

RELIANT MEDICAL SERVICES, INC.-EFT
3081 W MCNAB ROAD
POMPANO BEACH, FL 33069-1525

RENAUD, EMILY
1000 GOLDEN CREEK RD
LIBERTY, SC 29657-9398

RENT - BHHS JOHN M BRABHAM REAL ESTATE
DAVIS PROPERTIES
1081 ALICE DRIVE
SUMTER, SC 29151

RENT - CCP HARBINGER, LLC - FCH LAB
C/O COMMONWEALTH COMMERICAL PARTNERS LLC
PO BOX 71150

RICHMOND, VA 23225

RENT - DAVIS PROPERTIES, INC.
C/O JOE DAVIS
227 ALICE DRIVE, STE 2
SUMTER, SC 29151

RENT - DOUBLE DUTCH - MYRTLE BEACH
1801 NEW HANOVER MEDICAL PARK DRIVE
WILMINGTON, NC 28403

RENT - EOS REAL ESTATE MANAGEMENT GROUP
201 EAST MCBEE AVENUE, STE 202
GREENVILLE, SC 29601

RENT - G AND E HC REIT II - OC-CK
62668 COLLECTIONS CENTER DR
CHICAGO, IL 60693

RENT - GA HC REIT II - B-COL
62756 COLLECTIONS CENTER DR
CHICAGO, IL 60693-0627

RENT - GREAT HERON - W COLUMBIA EFT
FRANK HAHNE
208 BARNACLE CIRCLE
LEXINGTON, SC 29072

RENT - GREEN CITY - CN
200 E BROAD ST., STE 220
GREENVILLE, SC 29601

RENT - GREENWOOD RENTAL - E-GW
109 WEST COURT AVE, GREENWOOD, SC 29646
P O BOX 457, SC 29648

RENT - GROVE 1005 - GROVE RD GREENVILLE
25 AIRPARK COURT
GREENVILLE, SC 29607

RENT - HIGHLAND CENTER DRIVE-COLUMBIA
C/O TRINITY PARTNERS MANAGEMENT - AR
440 S CHURCH ST, STE 800
CHARLOTTE, NC 28202

RENT - HIGHLAND CENTER OWNERS ASSOCIATIO
PO BOX 2267
COLUMBIA, SC 29202

RENT - INFINITY ENTERPRISES - FLORENCE
C/O DR DEAN BANKS
9303 VENEZIA CIRCLE
MYRTLE BEACH, SC 29579

RENT - IRMO MEDICAL - STA-COL
1 WELLNESS BLVD, STE 200
IRMO, SC 29063

RENT - LUTHERAN SERVICES - ARDEN, NC
ATTN: KIRBY NICKERSON
PO BOX 947
SALISBURY, NC 28145

RENT - MAGNOLIA CENTER ONE, LLC - MB
1367 DEBORDIEU BLVD
GEORGETOWN, SC 29440

RENT - MARY BLACK HEALTH - SPARTANBURG
SRHS-ACCOUNTING
ATTN: DANA HORTON
SPARTANBURG, SC 29303

RENT - MCCOLLUM BUSINESS - BC-ES
PO BOX 484

EASLEY, SC 29641

RENT - MR. JAMES G OWEN-SIGN-WAYNESVILLE
725 STRATFORD WOODS RD
MATTHEWS, NC 28105

RENT - NORTH GROVE MEDICAL - BS-SP
151 HAROLD FLEMING COURT
SPARTANBURG, SC 29303

RENT - PARK PLACE HOLDINGS - CP-SEN
C/O ARTHUR KHURSHUDYAN AND DIANE BOSTROM
REMAX FOOTHILLS
CLEMSON, SC 29631

RENT - PAUL MATYS PEPPERWOOD
181 JONES CREEK DR
JUPITER, FL 33458

RENT - PIEDMONT NEUROSURGICAL - M-AND
ATTN: PATTI MORGAN
3 ST. FRANCES DR
GREENVILLE, SC 29601

RENT - ROBERTS DEVELOPMENT - ANDERSON
PO BOX 393
ANDERSON, SC 29622

RENT - SANDRA COOPER OWEN - WAYNESVILLE
78 WAYNEWOOD DRIVE
WAYNESVILLE, NC 28786

RENT - TERRA PARKGREEN - OMC LAB
FBO TERRA PARKGREEN, LLC
PO BOX 645372
CINCINNATI, OH 45264-5372

RENT - TONS OF RENTALS.COM
DR BLACKWELLS RENT
PO BOX 580
ARDEN, NC 28704

RENT - WEST ASHLEY MEDICAL CENTER
C/O LEE AND ASSOCIATES
960 MORRISON DR , STE 400
CHARLESTON, SC 29403

RENT-DR BRUCE C AND DIANA H RIDDLE - FRK
1386 IOTA CHURCH ROAD
FRANKLIN, NC 28734

RENT-NAI EARLE FURMAN, LLC-MILESTONE WA
ATTN: PROPERTY MANAGEMENT
101 E WASHINGTON STREET
GREENVILLE, SC 29601

RENT-RICK ERWINS WEST END PROPERTY, LLC
40 W BROAD STREET
STE 301
GREENVILLE, SC 29601

RENT-TRI COASTAL PROPERTIES III - MP-CH
9263 MEDICAL PLAZA DRIVE, STE E
CHRLESTON, SC 29406

RENT-TURNER PADGET GRAHAM AND LANEY -ALL
200 EAST BROAD ST, SUITE 250
GREENVILLE, SC 29601

RESERVE NATIONAL INSURANCE COMPANY
601 EAST BRITTON RD
OKLAHOMA CITY, OK 73114-7710

REYNOLDS, DANIELLE

116 WOODWARD WAY
EASLEY, SC 29640

RHODALL, JASMINE
34 GOLDENROD DR
BARNWELL, SC 29812

RHODES, JEMICA
328 DANIEL CT
MAULDIN, SC 29662

RHODES, KIMBERLY
148 BROOK MEADOW LANE
LIBERTY, SC 29657

RICHARDS, DAWN
126 MORNING LAKE DRIVE
MOORE, SC 29369

RICHARDSON, ALICIA
223 BLUFF DR
GREENVILLE, SC 29605

RICHEY AND RICHEY, P A
PO BOX 10916
GREENVILLE, SC 29603

RICHEY, DIANNA
200 WHITMIRE ROAD
EASLEY, SC 29640

RICHLAND COUNTY BUSINESS LICENSE
BUSINESS SERVICE CENTER
2020 HAMPTON ST., SUITE 1050
COLUMBIA, SC 29202

RICK ERWINS - APARTMENT RENT
40 W BROAD STREET
STE 301
GREENVILLE, SC 29601

RICKS SEWER AND DRAIN, INC.
305 SEMINOLE DRIVE
SIMPSONVILLE, SC 29680

RICKY FLEMING
119 BOYCE PAGE ROAD
HONEA PATH, SC 29654

RIGDON, JENNIFER
5209 SLATER RD
ANDERSON, SC 29621

RIGGINS, REGINA
299 DAVENTON ROAD
PELZER, SC 29669

RIGHTWAY REFRIGERATION, INC.
PO BOX 732
LIBERTY, SC 29657

RILEY, NIEMA
108 ROOSEVELT AVENUE
APT. C
GREENVILLE, SC 29607

RITHUM AUTOMATION
112 PATRIOT DR, STE A
MIDDLETOWN, DE 19709

RIVERBARK, LLC
121 FATHER HUGO DR
GREER, SC 29650

RMG - OSTEOARTHRITIS CENTERS OF AMER
OSTEOARTHRITIS CENTERS OF AMERICA
1937 WEST PALMETTO ST.
FLORENCE, SC 29501

ROBERSON, KATARI
653 BRANCH VIEW DRIVE
BOILING SPRINGS, SC 29316

ROBERT MATHEWSON
C/O LOUTHIAN LAW FIRM, P A
HERBERT W LOUTHIAN, JR
PO BOX 1299
COLUMBIA, SC 29202

ROBERTS DEVELOPMENT - ANDERSON
PO BOX 393
ANDERSON, SC 29622

ROBERTS DEVELOPMENT
PO BOX 393
ANDERSON, SC 29622

ROBINSON BRADSHAW AND HINSON, P A
101 N TRYON STREET
SUITE 1900
CHARLOTTE, NC 28246

ROBINSON, BATISTA
103 EAST RIDGEMONT COURT
GREENVILLE, SC 29617

ROBLES, ANGEL
17 HAUGHTY CT
GREENVILLE, SC 29609-3043

RODGERS, DANA
453 TIMBERVIEW LANE
SIMPSONVILLE, SC 29681

ROGERS, DAVID
143 RICES CREEK CHURCH ROAD
LIBERTY, SC 29657

ROJAS LANDSCAPING, LLC 1099
228 OLD CEDAR ROCK RD
EASLEY, SC 29640

ROPER, DEREK
245 SAINT PAUL RD
EASLEY, SC 29642

ROSE, OLIVIA
109 CHANDLER STREET
GREENVILLE, SC 29609

ROSEBOROUGH, SYNEPHINY
561 LONE RIDER PATH
DUNCAN, SC 29334

ROSEMOND, PHYLLIS
305 CRESTFIELD ROAD
GREENVILLE, SC 29605

ROSSMAN AND CO./PCB
PO BOX 2051
NEW ALBANY, OH 43054

ROSS-RICHTER.COM, LLC
ATTN: FRED PERLMAN
273 JONATHAN DR
STAMFORD, CT 06903

RUBEL, CHRISTOPHER
480 WEBBER ROAD
SPARTANBURG, SC 29307

RUSSELL, SHARON
209 LILA ST
GREENVILLE, SC 29609-4418

RXPADS.COM
200 RIVERSIDE INDUSTRIAL PARKWAY
PORTLAND, ME 04103

RYAN GEOFFREY LLC - 1099
115 N CLEARSTONE CT
EASLEY, SC 29642

RYAN GROTH DBA CPU SOFTWARE AND
CONSULTING
C/O RYAN GROTH
70 BENTCREEK RESERVE RD
ASHEVILLE, NC 28806

RYAN GROTH
70 BENT CREEK PRESERVE ROAD
ASHEVILLE, NC 28806

RYAN MITCHELL
1959 OSPREY DRIVE
FLORENCE, SC 29501

S C DEPARTMENT OF REVENUE
ATTN: HAL BANKS
211 CENTURY DR , STE 210-B
GREENVILLE, SC 29607

SAFETY-KLEEN SYSTEMS, INC.
PO BOX 650509

DALLAS, TX 75265-0509

SALAS, BEATRIZ
50 BELLWOOD FARM LANE
GREENVILLE, SC 29607

SAMS CLUB
PO BOX 659782
SAN ANTONIO, TX 78265-9782

SAMUEL CONTRACT STAFFING, LLC
PO BOX 488
GILBERT, AZ 85299-0488

SANTEE COOPER-393782 EFT
PO BOX 188
MONCKS CORNER, SC 29461-0188

SANTEE COOPER-EFT
PO BOX 188
MONCKS CORNER, SC 29461-0188

SARQUIST, CYNTHIA
130 HUGHEY RD
CHESNEE, SC 29323

SC CHAPTER OF NATIONAL SAFETY COUNCIL
121 MINISTRY DR
IRMO, SC 29063

SC CHIROPRACTIC ASSOCIATION
PO BOX 1763
COLUMBIA, SC 29202

SC DEPARTMENT OF LABOR, LISCE
110 CENTERVIEW DRIVE

SUITE 202
COLUMBIA, SC 29211-1289

SC DEPARTMENT OF MOTOR VEHICLES
PO BOX 1498
BLYTHEWOOD, SC 29016-0008

SC DEPARTMENT OF REVENUE
CORPORATION
COLUMBIA, SC 29214-0006

SC DEPARTMENT OF REVENUE
TAX COMPLIANCE OFFICE
PO BOX 125
COLUMBIA, SC 29214-0785

SC DEPT OF HEALTH AND ENVIRONMENTAL
PO BOX 100103
COLUMBIA, SC 29202-3103

SC DEPT OF LABOR LICENSING AND REGULA
PO BOX 11329
COLUMBIA, SC 29211-1329

SC DEPT OF REVENUE - GREENVILLE
DEPT 02/W/01
545 N PLEASANTBURG DR
GREENVILLE, SC 29607

SC DEPT OF REVENUE WITHHOLDING -EFT
WITHHOLDING
COLUMBIA, SC 29214-0004

SC DEPT. OF HEALTH AND HUMAN SERVICES
DEPT. OF HEALTH AND HUMAN SERVICES
PO BOX 8297
COLUMBIA, SC 29202-8297

SC DHEC-RAD HEALTH
ATTN: BUREAU OF FINANCIAL MANAGEMENT
PO BOX 100103
COLUMBIA, SC 29202-3103

SC EMPLOYMENT SECURITY COMMISSION
ATTN: BPC COLLECTIONS UNIT
PO BOX 2644
COLUMBIA, SC 29202

SC JOINT UNDERWRITING ASSOCIATION-SC JUA
LOCK BOX 932523
ATLANTA, GA 31193-2523

SC LLR BOARD OF MEDICAL EXAMINERS
PO BOX 11289
COLUMBIA, SC 29211

SC MEDICAL ASSOCIATION SCMA
PO BOX 11188
COLUMBIA, SC 29211

SC PATIENTS COMPENSATION FUND
PO BOX 210738
COLUMBIA, SC 29221-0738

SC SECRETARY OF STATE
301 UNIVERSITY RIDGE NBR 2400
GREENVILLE, SC 29601

SC STATE EDUCATION ASSISTANCE AUTHORITY
PO BOX 102425
COLUMBIA, SC 29224

SC VOC REHAB
DISABILITY DETERMINATION SERVICES

PO BOX 80
WEST COLUMBIA, SC 29171-9892

SC WORKERS COMPENSATION COMMISSION
MEDICAL SERVICES DIVISION
PO BOX 1715
COLUMBIA, SC 29202-1715

SCAPA
PO BOX 2054
LEXINGTON, SC 29071

SCDEW
PO BOX 995
COLUMBIA, SC 29202

SCDHHS
BENEFIT RECOVERY
PO BOX 8355
COLUMBIA, SC 29202-8355

SCE AND G
PO BOX 100255
COLUMBIA, SC 29202-3255

SCESC
PO BOX 995
COLUMBIA, SC 29202

SCHULTS, STEPHANIE
273 DARTMOOR DR
SPARTANBURG, SC 29301

SCITECK CLINICAL LABORATORY
PO BOX 562
ARDEN, NC 28704

SCOTT, DEWAYNE
502 SHILOH CH RD
WELLFORD, SC 29385

SCRUB SHOP, THE
1000 N PINE ST NBR 4
SPARTANBURG, SC 29303

SCWCEA
3 CAVENDISH COURT
IRMO, SC 29063

SE CONSTRUCTION, LLC
PO BOX 428
PIEDMONT, SC 29673

SEARS, DONNA
7 DIAMOND HILL COURT
GREER, SC 29651

SECRETARY OF STATE
1205 PENDLETON STREET SUITE 525
COLUMBIA, SC 29201

SECURITY CENTRAL
PO BOX 602371
CHARLOTTE, NC 28260-2371

SEETON, WHITNEY
1299 CLEO CHAPMAN HIGHWAY
SUNSET, SC 29685

SELCO MANAGEMENT INC.
85 IVANHOE AVE
ASHVILLE, NC 28806

SELECT HEALTH
PO BOX 7120
LONDON, KY 40742

SELECT LABORATORY - SC
PO BOX 13030
GREENSBORO, NC 27415

SELECT LABORATORY PARTNERS, INC.
PO BOX 13029
GREENSBORO, NC 27415

SELECT MEDICAL SYSTEMS, INC.
4001 RIVER VIEW DRIVE
BIRMINGHAM, AL 35243

SELECTIVE INSURANCE COMPANY OF AMERICA
PO BOX 371468
PITTSBURGH, PA 15250-7468

SELENA BLAD
140 OLA BEA DR
WAYNESVILLE, NC 28785

SELF REGIONAL HEALTHCARE
ATTN: CASHIER
1325 SPRING STREET
GREENWOOD, SC 29646

SELLS X-RAY
PO BOX 339
CROSSVILLE, TN 38557

SEQGEN, INC.
1725 DEL AMO BLVD
TORRANCE, CA 90501

SERENITY REHAB AND WELLNESS CENTER, LLC
3 CANNER CT
GREENVILLE, SC 29605

SERVPRO
PO BOX 8337
GREENVILLE, SC 29604

SFM RISK SOLUTIONS
PO BOX 9416
MINNEAPOLIS, MN 55440

SFPS- UPSTATE CARDIOLOGY
2 INNOVATION DR
SUITE 400
GREENVILLE, SC 29607

SHARP BUSINESS SYSTEMS
DEPT. AT 40387
ATLANTA, GA 31192-0387

SHAUL LAW
3330 CUMBERLAND BLVD SE
SUITE 925
ATLANTA, GA 30339

SHAW, MARY
101 LOW COUNTRY LOOP
MURRELLS INLET, SC 29576

SHAWS GARAGE
3306 HWY 123
GREENVILLE, SC 29611

SHEPPARD, MAXINA
2505 ROLLING GREEN ROAD

ANDERSON, SC 29621

SHEPPARD, SHERON
105 HADDINGTON DR
COLUMBIA, SC 29229-8786

SHERTECH PHARMACY
1360 DRAYTON RD
SPARTANBURG, SC 29307

SHERWIN- WILLIAMS
6128 CALHOUN MEMORIAL HWY
EASLEY, SC 29640

SHIRLEY, KRISTI
211 PUCKETT MILL DR
CENTRAL, SC 29630

SHIVAR, MICHELLE
303 HIGHLAND GLEN COURT
WALHALLA, SC 29691

SHRED A WAY - 25H-ARD
PO BOX 161732
BOILING SPRINGS, SC 29316

SHRED A WAY - S-SP
PO BOX 161732
BOILING SPRINGS, SC 29307

SHRED A WAY
PO BOX 161732
BOILING SPRINGS, SC 29316

SHRED A WAY
PO BOX 51132

PIEDMONT, SC 29673

SHRED A WAY-OMC AND ALL
PO BOX 51132
PIEDMONT, SC 29673

SHRED IT
28883 NETWORK PLACE
CHICAGO, IL 60673

SHRED360
7001 ST. ANDREWS RD NBR 365
COLUMBIA, SC 29212

SHUMPERT, KARLEY
271 EDINFIELD COURT
GASTON, SC 29053

SHUR SHRED
PO BOX 6776
FLORENCE, SC 29502

SIEMENS
51 VALLEY STREAM PARKWAY
MALVERN, PA 19355

SIGMA-ALDRICH INC.
PO BOX 535182
ATLANTA, GA 30353-5182

SIGN DESIGNS INC. DBA
SPARTAN STAMP AND SIGN COMPANY
113 IAN COURT
SPARTANBURG, SC 29306

SILVA, CHRISTIANNA

1013 SIOUX ST
ANDERSON, SC 29625

SILVER, CARRIE
316 LAUREL HILL DRIVE
PIEDMONT, SC 29673

SIMPLEX GRINNELL
DEPT. CH 10320
PALATINE, IL 60055-0320

SIMS, ELIZABETH
124 PALM BRANCH WAY
ANDERSON, SC 29621

SINGLETARY, SAMANTHA
215 CHURCH ST.
OLANTA, SC 29114

SKINNER LAW FIRM
PO BOX 1843
GREENVILLE, SC 29602

SKYEDANCER LISA LICHOTA
516 FOXCROFT RD
GREENVILLE, SC 29615

SLAGLE, ALEXANDRA
614 GRAY FOX SQ
TAYLORS, SC 29687-4064

SLEEPWORKS, LLC
PO BOX 932865
THOMASVILLE, GA 31757

SLV POA

C/O AUGUST LUEDECKE
124 MAGNOLIA DRIVE
MCCORMICK, SC 29835

SMITH AND POE
ATTN: KEITH
634B FAIRVIEW RD NBR 2
SIMPSONVILLE, SC 29680

SMITH JORDAN AND LAVERY PA 18-0329E
PO BOX 1207
EASLEY, SC 29641

SMITH, CODIE
1311 DOUBLE BRANCH ROAD
COWPENS, SC 29330

SMITH, JORDAN AND LAVERY, PA
ATTN: GRADY JORDAN
PO BOX 1207
EASLEY, SC 29641

SMITH, JOSHUA
282 JAMES DUNBAR ROAD
PELION, SC 29123

SMITH, RITA
125 QUIET LN
EASLEY, SC 29640

SMITH, ROBERT
54 COUNTRYSIDE DRIVE
PROSPERITY, SC 29127

SMITH, ROSA
7903 E NATIONAL CEMETARY RD
FLORENCE, SC 29506

SMITH, JORDAN, LAVERY AND LEE
PO BOX 1207
EASLEY, SC 29641

SMITHS TERMITE AND PEST CONTROL INC.
PO BOX 670
ABBEVILLE, SC 29620

SMOKEY MOUNTAIN BOTTLED WATER
PO BOX 1123
FAIRVIEW, NC 28730

SNODERLY, ELIZABETH
4691 MILL POND CT
MURRELLS INLET, SC 29576

SOCIETY FOR HUMAN RESOURCE MANAGEMENT
PO BOX 791139
BALTIMORE, MD 21279-1139

SOCIETY FOR PAIN PRACTICE MANAGEMENT
PO BOX 7228
OVERLAND PARK, KS 66207

SOERRIES CODING AND BILLING -COMPASS
1412 SW EAGLES PARKWAY
GRAIN VALLEY, MO 64029

SOLOR, INC.
1021 SHOAL CREEK WAY
EASLEY, SC 29642

SOLSTAS LAB PARTNERS
PO BOX 751337
CHARLOTTE, NC 28275-1337

SOLUTIONS MOVING SERVICES
1315 ASHEVILLE SPRINGS CIRCLE
ASHEVILLE, NC 28806

SOMMER LEWIS
444 BONITA DR
EASLEY, SC 29642

SONOGRAPHY SERVICES, INC
101 GINGER LN
TAYLORS, SC 29687

SOUND MEDICAL SUPPLY PARTNERS, LLC
C/O STERLING COMMERCIAL CREDIT
PO BOX 602630
CHARLOTTE, NC 28260-2630

SOUTH CAROLINA DEPARTMENT OF HEALTH
2600 BULL ST
COLUMBIA, SC 29201

SOUTH CAROLINA SAFETY COMPANY, INC.
FIRE EXTINGUISHERS AND SYSTEMS
2535 TAHOE DRIVE
SUMTER, SC 29150

SOUTH STATE BANK
200 EAST BROAD STREET, SUITE 100
GREENVILLE, SC 29601

SOUTHEAST COMMUNITY CARE
PO BOX 4946
COVINA, CA 91723

SOUTHEASTERN CHAPTER NATIONL SAFETY COUN
121 MINISTRY DRIVE

IRMO, SC 29063

SOUTHEASTERN FREIGHT LINES, INC.
PO BOX 1691
COLUMBIA, SC 29202

SOUTHERLAND CONSTRUCTION INC.
135 SOUTH MAIN STREET
GREENVILLE, SC 29601

SOUTHERN ALARM AND SECURITY
PO BOX 428
HENDERSONVILLE, NC 28793

SOUTHERN FENCE COMPANY
2828 SALUDA DAM RD
EASLEY, SC 29640

SOUTHERN GUARANTY INS COMPANY
PO BOX 14770
LEXINGTON, KY 40512-4000

SOUTHERN MICROSCOPE, INC.
PO BOX 966
HAW RIVER, NC 27258

SOWELL GRAY STEPP AND LAFFITTE
PO BOX 11449
COLUMBIA, SC 29211

SPALTY, ERIKA
1207 WEATHERFORD LN
FLORENCE, SC 29506

SPARTANBURG COUNTY CLERK OF COURT
PO BOX 3483

SPARTANBURG, SC 29304-3483

SPARTANBURG COUNTY TAX COLLECTOR
DRAWER 3060
SPARTANBURG, SC 29304

SPARTANBURG COUNTY TREASURER
COUNTY TREASURER
PO BOX 5807
SPARTANBURG, SC 29304

SPARTANBURG HERALD-JOURNAL
ATTN: ANTHONY PRICE
189 WEST MAIN ST.
SPARTANBURG, SC 29301

SPARTANBURG REG MED CNTR
PO BOX 277700
ATLANTA, GA 30384-7700

SPARTANBURG WATER SYSTEM--3324-04
PO BOX 251
SPARTANBURG, SC 29304-0251

SPEARS MEDICAL
PO BOX 153
BALLENTINE, SC 29002

SPECIAL FUNDS
60 E 42ND ST
NEW YORK, NY 10165-2799

SPECIALIZED MEDICAL SYSTEMS
PO BOX 2393
WILTON, NY 12831

SPECTRIO
PO BOX 890271
CHARLOTTE, NC 28289-0271

SPECTRUM BUSINESS - MAIN CONTROL ACCOUNT
PO BOX 742614
CINCINNATI, OH 45274-2614

SPECTRUM BUSINESS -GROVE - 2319 EFT
PO BOX 742614
CINCINNATI, OH 45274

SPECTRUM BUSINESS- MAIN CONTROL 1901
PO BOX 70872
CHARLOTTE, NC 28272-0872

SPECTRUM BUSINESS
PO BOX 70872
CHARLOTTE, NC 28272-0872

SPECTRUM BUSINESS
PO BOX 742614
CINCINNATI, OH 45274-2614

SPEWARE CORP
PO BOX 1608
BALDWIN PARK, CA 91706

SPINELLI, MICHAEL
128 WILSHIRE DRIVE
GREENVILLE, SC 29609

SPRAGUE, ASHLEY
1013 MIMOSA COURT
CONWAY, SC 29527

SPRY, SANDRA
123 MADDOX LANE
APT. C
MYRTLE BEACH, SC 29588

ST. CLAIR SIGNS INC.
1334 MILLER RD
GREENVILLE, SC 29607

ST. FRANCES HOSPITAL
MEDICAL STAFF OFFICE
ONE ST FRANCIS DR
GREENVILLE, SC 29615

ST. JUDE MEDICAL-TEXAS
6901 PRESTON RD
PLANO, TX 75024

STABLE LIFE WORSHIP CENTER
299 BLACKSTOCK RD
INMAN, SC 29349

STACY FLOORING, LLC
PO BOX 516
1611 EASLEY HWY
PELZER, SC 29669

STANCIL COOLEY ESTEP AND STAMEY, LLP
P O DRAWER 1279
SENECA, SC 29679

STANDARD DISTRIBUTORS LLC
4811 N DIXIE HIGHWAY
BOCA RATON, FL 33431

STANDEFFER AND HARBIN
PO BOX 35
ANDERSON, SC 29622-0035

STANFORD DOSIMETRY LLC
1204 RAYMOND ST.
BELLINGHAM, WA 98229

STAPLES BUSINESS ADVANTAGE
PO BOX 105638
ATLANTA, GA 30348-5638

STARK EXTERMINATORS
PO BOX 894
SUMMERVILLE, SC 29483-0894

STARMARK - FCH
400 FIELD DR
LAKE FOREST, IL 60045-2581

STARMARK RACHEL
75 REMITTANCE DR - SUITE 3087
CHICAGO, IL 60675-3087

STARSTONE SPECIALTY INSURANCE COMPANY
C/O WILLIS OF NORTH CAROLINA, INC
29754 NETWORK PLACE
CHICAGO, IL 60673-1297

STAT MEDICAL EQUIPMENT SERVICE
102 SYLVAN DRIVE
GREER, SC 29650

STATE ACCIDENT FUND
PO BOX 102100
COLUMBIA, SC 29221-5000

STATE COMPENSATION INSURANCE FUND
PO BOX 3171

SUISUN CITY, CA 94585-6171

STATE FARM
PO BOX 588002
NORTH METRO, GA 30029-8002

STATE OF GEORGIA EX REL TERRI NIX
C/O OFFICE OF THE ATTY GENERAL, S. VANN
GA MEDICAID FRAUD CONTROL UNIT
200 PIEDMONT AVE. SE, WEST TOWER, FL 19
ATLANTA, GA 30334

STEEPLECHASE PATHOLOGY, LLC 1099
ATTN: RENEE THOMAS, MD
1905 CARRIAGE HOUSE LANE
CAMDEN, SC 29020

STEPHANIE WEBB
C/O RICHARDSON PLOWDEN ANDROBINSON, P A
C CLIFFORD ROLLINS
PO BOX 7788
COLUMBIA, SC 29202

STEPHENS OFFICE SYSTEMS, INC.
300 FOSTER AVE.
CHARLOTTE, NC 28203

STEPHENS, JAMMIE
256 COPPERLEAF DRIVE
MYRTLE BEACH, SC 29588

STERBENZ, ABIGAIL
1012 HERMOSA COURT
MYRTLE BEACH, SC 29579

STERICYCLE INC-8270496
PO BOX 6582
CAROL STREAM, IL 60197-6582

STERICYCLE INC-8290165
PO BOX 6582
CAROL STREAM, IL 60197-6582

STERICYCLE
PO BOX 6582
CAROL STREAM, IL 60197-6582

STERLING LIFE INSURANCE COMPANY
ATTN: TREASURY
PO BOX 1917
BELLINGHAM, WA 98227-9715

STERLING, COURTNEY
542 FOREMOST DRIVE
LEXINGTON, SC 29073

STERLING, KRISTEN
217 BARRED OWL DRIVE
FOUNTAIN INN, SC 29644

STEVENS, AMBER
121 PACES RUN COURT
COLUMBIA, SC 29223

STEVENSON, KRISTA
44 COTTONWOOD LANE
WAYNESVILLE, NC 28785

STEWART LAW FIRM
PO BOX 670
ROCK HILL, SC 29731

STIMSOURCE, INC
2840 LEECHBURG RD

LOWER BURRELL, PA 15068

STONE AND ASSOCIATES
1100A RUTHERFORD RD
GREENVILLE, SC 29609

STONELL, ELIZABETH
801 OLD LIBERTY RD
EASLEY, SC 29640

STONES PEST SERVICES, LLC
PO BOX 13443
FLORENCE, SC 29504

STONEY POINT BUILDING ONE, LLC - RENT
C/O CAROLINA ACCOUNTING CONSULTANTS, LLC
PO BOX 291346
COLUMBIA, SC 29229

STRATEGIC DIRECTIONS, INC.
ATTN: SAM TOLBERT
115 PARKWOOD RD
GREENWOOD, SC 29646

STRATEGIC PERFORMANCE GROUP LLC
11120 EAGLE RIDGE CT
CHISAGO CITY, MN 55013-7342

STRATUS BUILDING SOLUTIONS, INC BC-ES
420 E PARK AVE SUITE 302
GREENVILLE, SC 29601

STRINGER RESOURCE GROUP
PO BOX 2078
GREER, SC 29652

STRIPE-IT LLC
2213 B W PALMETTO ST.
FLORENCE, SC 29501

STRYKER SALES CORP CACTUS
PO BOX 70119
CHICAGO, IL 60673-0119

STURKIE, BRITTANY
1920 WIRE ROAD
AIKEN, SC 29805

SUBER, BRENDA
1711 WOODFORD ROAD
COLUMBIA, SC 29209

SUBSTANCE ABUSE DRUG REGULATORY
DHHS - SAS REGISTRATION
2025 MAIL SERVICE CENTER
RALEIGH, NC 27699-2025

SUGGS, DERRICK
3071 WEST CT
FLORENCE, SC 29501

SULLIVAN, AARON
2311 WADE HAMPTON BLVD
APT. B6
GREENVILLE, SC 29615

SULLIVAN, JYEISHA
31B WEDGEFIELD DRIVE
BOILING SPRINGS, SC 29316

SULLIVAN, SARAH
376 HUNTS BRIDGE ROAD
FOUNTAIN INN, SC 29644

SUMMERS, PAMELA
114 VINE HILL ROAD
GREENVILLE, SC 29607

SUMMIT MEDICAL PRODUCTS
504 WEST 8360 SOUTH
SANDY, UT 84070

SUNBELT MEDICAL SERVICES INC
639 VESTAL RD
SARDIS, GA 30456

SUNCOAST ELEVATOR INSPECTIONS LLC
799 SOUTH DIXIE RD
WAGENER, SC 29164

SUNCOAST FIRE AND SAFETY
PO BOX 6133
ANDERSON, SC 29623

SUNSHADERS PROFESSIONAL WINDOW TINTING
WILLIAM T MOTHERSHEAD
121 ASHTON CIRCLE
MYRTLE BEACH, SC 29588

SUPERIOR TAYLOR MAID LLC
444 BEAUCATHER RD UNIT 6
ASHEVILLE, NC 28805

SUPERO HEALTHCARE SOLUTIONS, LLC
9805 SPANISH WELLS DR
AUSTIN, TX 78717

SUPPLYNET
706 EXECUTIVE BLVD
VALLEY COTTAGE, NY 10989

SURGICAL TABLES, INC
2 DEBUSH AVENUE NBR C3
MIDDLETON, MA 01949

SWARM INTERACTIVE, INC.
1506 EAST FRANKLIN STREET, STE 101
CHAPEL HILL, NC 27514

SWEET, NORMA
744 VIOLA COURT
COLUMBIA, SC 29229

SWENSON, BRADLEY
2900 RAMBLING PATH
ANDERSON, SC 29621

SYBIL REDDICK
32 QUAIL HILL DRIVE
GREENVILLE, SC 29607

SYNERGY MEDICAL, LLC - OMC
110 N RANDOLPH AVE
LANDRUM, SC 29356

TAB PRODUCTS CO. LLC
24923 NETWORK PLACE
CHICAGO, IL 60673-1249

TAMARA A FINNEY, LISW
14 GILDER POINT CT
SIMPSONVILLE, SC 29681

TAYLOR OWENS, ISABEL
131 SYLVAN CT
EASLEY, SC 29640

TAYLOR, AMANDA
2572 HILLDALE DR
SUMTER, SC 29154

TAYLOR, APRIL
236 PINE KNOLL DRIVE
EASLEY, SC 29642

TAYLOR, ELIZABETH
5074 DACUSVILLE HWY
MARIETTA, SC 29661

TAYLORS ELECTRIC OF THE UPSTATE, LLC
919 MAULDIN RD
GREENVILLE, SC 29607

TECAN U S
PO BOX 13953
RESEARCH TRIANGLE PARK, NC 27709

TELECHECK - EFT
PO BOX 60028
CITY OF INDUSTRY, CA 91716-0028

TELEQUEST
PO BOX 3222
SPARTANBURG, SC 29304

TELEVOX
DEPARTMENT NBR 1343
DENVER, CO 80256-0001

TELLIS, GLORIA
2069 PHILADELPHIA ST
DARLINGTON, SC 29532

TENNESSEE DEPARTMENT OF REVENUE
500 DEADERICK STREET
ANDREW JACKSON STTE OFFICE BUILDING
NASHVILLE, TN 37242

TEQUIPMENT.NET
205 WESTWOOD AVENUE
LONG BRANCH, NJ 07740

TERATECH CORPORATION DBA TERASON
DEPT CH 19759
PALATINE, IL 60055-9759

TERMINIX
CENTRAL ACCOUNTING OFFICE
PO BOX 2627
COLUMBIA, SC 29202-2627

TERRI NIX
C/O BRACKER AND MARCUS LLC
JASON MARCUS
3225 SHALLOWFORD RD , STE 1120
MARIETTA, GA 30062

TERRY, MELANIE
144 COUNTRY COURT
EASLEY, SC 29642

THARP, JESSICA
150 BROOKSTONE DRIVE
EASLEY, SC 29642

THARP, SHAINA
226 COX DRIVE
WILLIAMSTON, SC 29697

THE BENEFIT COMPANY, INC.
PO BOX 211486
COLUMBIA, SC 29221

THE CENTER FOR REGENERATIVE MEDICINE
JEFFREY FARRICIELLI
131 QUEENSBOROUGH BLVD, STE 102
MT PLEASANT, SC 29464

THE CENTER FOR REGENERATIVE MEDICINE
JEFFREY FARRICIELLI
131 QUEENSBOROUGH BLVD, STE 102
MT PLEASANT, SC 29464

THE CODING INSTITUTE
PO BOX 413006
NAPLES, FL 34101

THE COMPUTER GUYZ
2612 LARCH LANE
SUITE 104
MT. PLEASANT, SC 29466

THE DOCTORS COMPANY
PO BOX 52780
PHOENIX, AZ 85072-2780

THE EASLEY PROGRESS
PO BOX 624
UNION, SC 29379

THE GREENVILLE NEWS
PO BOX 677566
DALLAS, TX 75267-7566

THE HARTFORD - FCH
PO BOX 660916

DALLAS, TX 75266-0916

THE HARTFORD WORKERS COMP. MEDICAL BILL
PO BOX 14170
LEXINGTON, KY 40512

THE HARTFORD-EFT
PO BOX 2907
HARTFORD, CT 06104-2907

THE LITTLE BLUE BOOK
P O NPC 8316
PHILADELPHIA, PA 19101

THE LOHNEN GROUP - EFT
9 BUENA VISTA WAY, STE B
GREENVILLE, SC 29615

THE NETWORK CLOUD CO
THE NETWORK CLOUD COMPANY
PO BOX 56722
ATLANTA, GA 30343-0722

THE PAIN SOCIETY OF THE CAROLINAS
145 KIMEL PARK DRIVE
SUITE 330
WINSTON-SALEM, NC 27103

THE PHONE DOCTOR, LLC
3530 OATES HWY
LAMAR, SC 29069

THE SOUTH CAROLINA CHAPTER, NSC
ATTN: KATHY HARRIS
121 MINISTRY DRIVE
IRMO, SC 29063

THE SPRINGER SHOP
223 SPRING ST.
NEW YORK, NY 10013

THOMAS, FISHER, SINCLAIR AND EDWARDS, PA
PO BOX 2248
GREENVILLE, SC 29602-2248

THOMAS, KEONDRA
813 MARIPOSA COURT
LEXINGTON, SC 29072

THOMPSON MECHANICAL INC
PO BOX 663
FLETCHER, NC 28732-0663

THOMPSON, JESSICA
4590 PEACHTREE ROAD
CHESNEE, SC 29323

THORNE, KATIE
231 OBED CREEK RD
INMAN, SC 29349

THORPE, MELANIE
109 CROSSWINDS ST
GREER, SC 29650

THRIVENT
PO BOX 14057
CLEARWATER, FL 33766

THURO CLEAN CARPET AND UPHOLSTERY LLC.
4540 HOMEPLACE CIRCLE
MYRTLE BEACH, SC 29588

TIAN MEDICAL LCC
244 E ROOSEVELT RD
LOMBARD, IL 60148

TIAN MEDICAL
244 E ROOSEVELT RD
LOMBARD, IL 60148-4647

TIM DAILEADER DRIVETRAIN EFT
257 CENTRAL PARK WEST APT 7A
NEW YORK, NY 10024

TIME WARNER - HIGHLAND EFT
PO BOX 70872
CHARLOTTE, NC 28272-0872

TIME WARNER CABLE - CLOSED - B-COL
PO BOX 70872
CHARLOTTE, NC 28272-0872

TIME WARNER
PO BOX 70872
CHARLOTTE, NC 28272-0872

TIMMS, CATHERINE
303 MONTI DR
ANDERSON, SC 29625

TINSLEY, MARTHA
104 KALMIA PLACE
EASLEY, SC 29640

TLBB
PO BOX 8316
PHILADELPHIA, PA 19101-8316

TLD CONSULTING
316 TROTTERS RIDGE DRIVE
RALEIGH, NC 27614

TODAYS OPTIONS
PO BOX 505057
ST LOUIS, MO 63150-2127

TOMLIN, BEATRICE
1943 CORAL WAY
SUMTER, SC 29150

TONEY, TRISHA
101 HILLANDALE CT NBR 8
EASLEY, SC 29642

TORRES, ELIZABETH
116 EVERGREEN CT
CENTRAL, SC 29630

TOTAL ADMINISTRATIVE SERVICES CORP.
CLIENT SERVICES
PO BOX 88278
MILWAUKEE, WI 53288-0001

TOTAL COMFORT
346 ORCHARD DR STE A
WEST COLUMBIA, SC 29170

TOTAL MEDICAL EQUIPMENT SALES INC
KYLE BLACKWELL
3000 OLD ALABAMA RD 119-110
ALPHARETTA, GA 30022

TOTAL VEIN SYSTEMS
901 YALE STREET
HOUSTON, TX 77008

TOWE, COURTNEY
671 SPRINGHILL AVENUE
SPARTANBURG, SC 29303

TOWN AND COUNTRY
307 EAST MAIN STREET
PICKENS, SC 29671

TOWN OF IRMO BUSINESS LICENSE
PO BOX 406
IRMO, SC 29063-0406

TOWN OF SALEM WATER DEPARTMENT
5-A PARK AVENUE
SALEM, SC 29676

TOWN OF WAYNESVILLE CC
9 S MAIN STREET
SUITE 110
WAYNESVILLE, NC 28786

TRACY HAWKINS
C/O KASSEL MCVEY
JOHN D KASSEL
PO BOX 1476
COLUMBIA, SC 29202

TRANE U S INC.
PO BOX 406469
ATLANTA, GA 30384-6469

TRANSMED CO, LLC
DRUG TESTING AND LABORATORY SUPPLIES
1595 PEACHTREE PKWY, SUITE 204-350
CUMMING, GA 30041

TRANHAM, ALICIA
249 BURNETTE COVE ROAD
CANTON, NC 28716

TRANHAM, MEGAN
PO BOX 871
HAZELWOOD, NC 28738

TRAVELERS INS PROPERTY CASUALTY
PO BOX 4614
BUFFALO, NY 14240

TRAVELERS
PO BOX 660317
DALLAS, TX 75266

TRICARE
PO BOX 7031
CAMDEN, SC 29020-7031

TRIDENT MEDICAL CNTR MEDICAL STAFF FUND
ATTN: MEDICAL STAFF SERVICES - JEAN
9330 MEDICAL PLAZA DR
CHARLESTON, SC 29406

TRIZETTO
DEPT CH 16897
PALATINE, IL 60055-6897

TSYS HEALTH SERVICES
12202 AIRPORT WAY
SUITE 100
BROOMFIELD, CO 80021

TUCK AND HOWELL, INC
PO BOX 970
GREER, SC 29652-0970

TUCKER, DENITA
115 HICKORY ST.
CALHOUN FALLS, SC 29628

TURF MANAGEMENT SERVICES, LLC
141 MASSEY ROAD
PIEDMONT, SC 29673

TURNER PADGET GRAHAM AND LANEY, PA
ATTN: MICHAEL D BUTLER
PO BOX 1473
COLUMBIA, SC 29202

TURNER PROPERTIES, LLC
ATTN: CHRIS TURNER
ONE HARBISON WAY
COLUMBIA, SC 29212

TURNER, BRANT
1276 SHADOW WAY
GREENVILLE, SC 29615

TWISS HOLLIN
882 MILL ROAD
EAST AURORA, NY 14052

TWO NOTCH MARKET
7501 TWO NOTCH RD
COLUMBIA, SC 29223

TYCO- FLORENCE
DEPT CH 10320
PALATINE, IL 60055

U-AIRGAS USA, LLC - 2717681

PO BOX 532609
ATLANTA, GA 30353-2609

U-AT AND T
PO BOX 105262
ATLANTA, GA 30348-5262

U-BLUE RIDGE SECURITY
PO BOX 1448
ANDERSON, SC 29622

U-CITY OF ASHEVILLE WATER BILL
PO BOX 733
ASHEVILLE, NC 28802-0733

U-CITY OF FLORENCE -8471 CC
CITY SERVICES BILL
PO BOX 602756
CHARLOTTE, NC 28260-2756

U-CITY OF FRANKLIN
PO BOX 1479
FRANKLIN, NC 28744

U-CITY OF GREENWOOD
PO BOX 40
GREENWOOD, SC 29648-0040

U-CITY OF TOCCOA -- FRK, NC
291 WESTGATE PLAZA
FRANKLIN, NC 28734-1316

U-CITY OF WEST COLUMBIA CC
WATER COLLECTION DIVISION - CITY HALL
PO BOX 4044
WEST COLUMBIA, SC 29171-4044

U-CURTIS BAY ENERGY INC - 5613 OMC LAB
PO BOX 65047
BALTIMORE, MD 21264-5047

U-DOMINION ENERGY - 0386 HIGHLAND EFT
PO BOX 100255
COLUMBIA, SC 29202-3255

U-DOMINION ENERGY-COLA NE 1414 SCE AND G
PO BOX 100255
COLUMBIA, SC 29202-3255

U-DUKE ENERGY - 2942-GR-GV EFT
PO BOX 70516
CHARLOTTE, NC 28272-0516

U-DUKE ENERGY PROGRESS-1597-SUMTER
PO BOX 1003
CHARLOTTE, NC 28201-1003

U-DUKE ENERGY---1408 M-AND EFT
PO BOX 70516
CHARLOTTE, NC 28272-0516

U-EASLEY COMB UTILITIES-64622001-BC-ESEF
PO BOX 619
EASLEY, SC 29641-0619

U-ELECTRIC CITY UTILITIES CC
CITY OF ANDERSON
PO BOX 63061
CHARLOTTE, NC 28263

U-FTC
PO BOX 588
KINGSTREE, SC 29556

U-GREENVILLE WATER SYSTEM
PO BOX 687
GREENVILLE, SC 29602-0687

U-GREENVILLE WATER SYSTEM-5252- GR-GV CC
PO BOX 687
GREENVILLE, SC 29602-0687

UHS-PEP
PO BOX 75690
BALTIMORE, MD 21275-5690

ULINE
ACCOUNTS RECEIVABLE
PO BOX 88741
CHICAGO, IL 60680-1741

ULTIMATE FITNESS SOLUTIONS
PO BOX 761
LYMAN, SC 29365

UNDERWOOD, BRENDA
122 GALLANT LANE
ANDERSON, SC 29621

UNDERWRITERS AT LLOYDS LONDON
C/O WILLIS OF NORTH CAROLINA, INC
29754 NETWORK PLACE
CHICAGO, IL 60673-1297

UNIFIRST CORPORATION 835558 GR
322 STANDING SPRINGS CT
SIMPSONVILLE, SC 29680

UNIFORM ADVANTAGE
ATTN: ACCOUNTS RECEIVABLE

PO BOX 14190
FORT LAUDERDALE, FL 33302

UNIFORM OUTLET - SAVANNAH
11 GATEWAY BLVD S NBR 54
SAVANNAH, GA 31419

UNIQUE PHOTO.COM
123 US HWY 46 WEST
FAIRFIELD, NJ 07004

UNISON
PO BOX 8207
KINGSTON, NY 12402

UNITED ALLERGY SERVICES
100 NE LOOP 410
STE 200
SAN ANTONIO, TX 78216

UNITED CHEMICAL AND SUPPLY CO. INC.--120
PO BOX 5066
GREENVILLE, SC 29606-5066

UNITED CHEMICAL AND SUPPLY CO.
PO BOX 5066
GREENVILLE, SC 29606

UNITED HEALTH CARE RACHEL
DEPT. CH10151
PALATINE, IL 60055-0151

UNITED OF OMAHA-REFUND
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001

UNITED STATES DEPARTMENT OF LABOR
ERISA-CIVIL PENALTIES
PO BOX 71360
PHILADELPHIA, PA 19176-1360

UNITED STATES POSTAL SERVICE
810 SOUTH PENDLETON
EASLEY, SC 29640

UNITED STATES TREASURY -
DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201

UNITED STATES TREASURY IRS
C/O INTERNAL REVENUE SERVICE
KANSAS CITY, MO 64999-0202

UNIVERSAL HEALTHCARE
PO BOX 3211
ST PETERSBURG, FL 33731-3211

UNIVERSAL MEDICAL
PO BOX 467
NORWOOD, MA 02062-0467

UNLIMITED TECHNOLOGY SYSTEMS, LLC
MATT GOCKERMAN
5905 EAST GALBRAITH ROAD - SUITE 8000
CINCINNATI, OH 45236

UNPA- UPSTATE NURSE PARACTITIONER ASS
PO BOX 26732
GREENVILLE, SC 29165

U-PIEDMONT NATURAL GAS---3003-SBURG
PO BOX 660920

DALLAS, TX 75266-0920

U-PIEDMONT NATURAL GAS-7002-ANDERSON EFT
PO BOX 1246
CHARLOTTE, NC 28201-1246

UPPER CUMBERLAND REGIONAL AIRPORT
750 AIRPORT RD
SPARTA, TN 38583

UPS - 097VR2 - ARDEN
PO BOX 7247-0244
PHILADELPHIA, PA 19170-0001

UPS - 0EY445 - OMC LAB
PO BOX 7247-0244
PHILADELPHIA, PA 19170-0001

UPSTATE BEHAVIORAL HEALTH, LLC
25 WOODS LAKE ROAD, BLDG 3, SUITE 324
GREENVILLE, SC 29607

UPSTATE CARDIOLOGY
2 INNOVATION DR
STE 400
GREENVILLE, SC 29607-5270

UPSTATE CAROLINA RADIOLOGY
PO BOX 138
COLUMBIA, GA 31902-0138

UPSTATE EXTERMINATING AND PEST
CONTROL, INC
324 OUR ROAD
PICKENS, SC 29671

UPSTATE MEDICAL PHARMACY
PO BOX 9002
GREENVILLE, SC 29604

UPSTATE PHARMACY
111 DOCTORS DR
GREENVILLE, SC 29605

UPSTATE PRINTING AND PUBLISHING
3242 PARRIS BRIDGE RD
BOILING SPRINGS, SC 29316

URBAN TRUST BANK
PO BOX 77407
EWING, NJ 08628

US BANK EQUIPMENT FINANCE
1310 MADRID DT
MARSHALL, MN 56258

US BANK EQUIPMENT FINANCE
1310 MADRID ST
MARSHALL, MN 56258

US COMPOUNDING
1270 DONS LANE
CONWAY, AR 72032

US DIAGNOSTICS
2 PARADE ST
HUNTSVILLE, AL 35806

US LAWNS OF ASHEVILLE
5660 OLD HAYWOOD RD
MILLS RIVER, NC 28759

US OF AMERICA EX REL DONNA RAUCH
C/O OFFICES OF THE U S ATTORNEYS
ELIZABETH C WARREN, MURIEL CALHOUN, AND
BRANDY KNIGHT, 1441 MAIN ST., STE 500
COLUMBIA, SC 29201

US OF AMERICA EX REL ROBERT MATHEWSON
C/O OFFICES OF THE U S ATTORNEYS
ELIZABETH C WARREN
1441 MAIN ST., STE 500
COLUMBIA, SC 29201

US OF AMERICA EX REL TERRI NIX
C/O OFFICE OF THE U S ATTORNEY-ATL600
NEELI BEN-DAVID, NORTHERN DISTRICT OF GA
600 U S COURTHOUSE, 75 TED TURNER DR SW
ATLANTA, GA 30303

US OF AMERICA EX REL TRACY HAWKINS
C/O OFFICES OF THE U S ATTORNEYS
ELIZABETH C WARREN
1441 MAIN ST., STE 500
COLUMBIA, SC 29201

USA MOBILITY
PO BOX 660770
DALLAS, TX 75266-0770

U-SCE AND G - 4686 MP-CH
PO BOX 100255
COLUMBIA, SC 29202

U-SENECA LIGHT AND WATER
PO BOX 4773
SENECA, SC 29679-4773

U-SPECTRUM BUSINESS
PO BOX 70872
CHARLOTTE, NC 28272-0872

U-SPECTRUM BUSINESS
PO BOX 742614
CINCINNATI, OH 45274-2614

U-TIME WARNER - HIGHLAND EFT
PO BOX 70872
CHARLOTTE, NC 28272-0872

U-TOCCOA NATURAL GAS
291 WESTGATE PLAZA
FRANKLIN, NC 28734

U-TOWN OF FRANKLIN
PO BOX 1479
FRANKLIN, NC 28744

U-TOWN OF WAYNESVILLE CC
9 S MAIN STREET
SUITE 110
WAYNESVILLE, NC 28786

U-VERIZON WIRELES
PO BOX 660108
DALLAS, TX 75266-0108

U-WASTE INDUSTRIES
PO BOX 791519
BALTIMORE, MD 21279-1519

U-WASTE MANAGEMENT- ARDEN - EFT
PO BOX 4648
CAROL STREAM, IL 60197

U-WINDSTREAM
PO BOX 9001950
LOUISVILLE, KY 40290-1950

VANDEKERKHOVE, AMANDA
105 CONE RIDGE DRIVE
EASLEY, SC 29640

VANDETTE, AMBER
104 DEERLAND DRIVE
PIEDMONT, SC 29673

VARGAS, LISA
311 KATHERINE STREET
EASLEY, SC 29640

VASQUEZ, GINA
18 LA JUAN DR
GREENVILLE, SC 29617

VAUGHN, ELIZABETH
212 PINE STREET
EASLEY, SC 29640

VAZQUEZ, CLARIBEL
14 TRICIA COURT
GREENVILLE, SC 29611

VEGA, CHRISTINE
512 JONES PEAK DR
SIMPSONVILLE, SC 29681

VERISA HOGLEN
285 PISGAH VIEW RD
ASHEVILLE, NC 28806

VERIZON WIRELES
PO BOX 660108
DALLAS, TX 75266-0108

VERIZON WIRELESS-9782-00001 EFT
PO BOX 660108
DALLAS, TX 75266-0108

VESEY, DEBORAH
105 PINE COURT
LIBERTY, SC 29657

VESSEL MEDICAL
6000A PELHAM RD
GREENVILLE, SC 29615

VFG- WELLS FARGO EQUIPMENT FINANCE, INC.
615 IRON CITY DRIVE
PITTSBURGH, PA 15205

VINES PLUMBING LLC
489 MYRTLE RIDGE DR
CONWAY, SC 29526

VINSON, JENNA
185 JB IVEY LANE
LAKE JUNALUSKA, NC 28745

VONAGE BUS. SOLUTIONS- VOCALOCITY AMEX
1375 PEACHTREE ST. NE, SUITE 200
ATLANTA, GA 30309

VOYA INSTITUTIONAL TRUST COMPANY
ATTN: LOCKBOX 3015
4 CHASE METRO TECH CENTER 7TH FLOOR EAST
BROOKLYN, NY 11245

V-SOFT CONSULTING GROUP, INC
101 BULLITT LN, STE 205

LOUISVILLE, KY 40222

VWR
PO BOX 640169
PITTSBURG, PA 15264-0169

W E BLACK TERMITE AND PEST CONTROL INC
PO BOX 1053
ANDERSON, SC 29622

W N WATSON TIRE AND AUTOMOTIVE
333 W BROAD ST.
GREENVILLE, SC 29601

WAGE WORKS, INC.
PO BOX 870725
KANSAS CITY, MO 64187-0725

WAGNER, WILLIAM
208 HOLLAND RD
SIMPSONVILLE, SC 29681

WALDROP MECHANICAL SERVICES
8345 TAYLOR COLQUITT ROAD
SPARTANBURG, SC 29303

WALKER ELECTRICAL CONTRACTOR
235 TURPIN DRIVE
EASLEY, SC 29640

WALKER, STEPHEN
2519 MCKINLEY DRIVE
ANDERSON, SC 29621

WALTERS, DEDRA
639 BESSIE RD

PIEDMONT, SC 29673

WANDA PHILLIPS
1106 LAKE SHORE DR
TOWNVILLE, SC 29689

WARDLAW, ALICIA
200 CLARK STREET NBR 302
GREENVILLE, SC 29607

WARDLAW, TYRA
2809 AIRLINE RD
ANDERSON, SC 29624

WARE, TOCCARA
9 MONA WAY
GREENVILLE, SC 29611

WARREN, HOLLIE
4100 STILL POND RD
CONWAY, SC 29526

WARREN, STEPHANIE
165 MEDFORD BRANCH RD
CANDLER, NC 28715

WASP BARCODE TECHNOLOGIES
1400 10TH ST.
PLANTO, TX 75074-8648

WASTE INDUSTRIES - 3843-GR-GV EFT
PO BOX 791519
BALTIMORE, MD 21279-1519

WASTE INDUSTRIES
PO BOX 791519

BALTIMORE, MD 21279-1519

WASTE MANAGEMENT- ARDEN - EFT
PO BOX 4648
CAROL STREAM, IL 60197

WASTE MANAGEMENT- BC-ES - EFT
PO BOX 4648
CAROL STREAM, IL 60197-4648

WASTE MANAGEMENT- L-FLO - EFT
PO BOX 4648
CAROL STREAM, IL 60197-4648

WASTE MANAGEMENT- M-AND - EFT
PO BOX 4648
CAROL STREAM, IL 60197-4648

WASTE MANAGEMENT
PO BOX 105430
ATLANTA, GA 30348

WASTE MANAGEMENT
PO BOX 4648
CAROL STREAM, IL 60197

WASTE MANAGEMENT-W COL - EFT
PO BOX 4648
CAROL STREAM, IL 60197-4648

WATKINS ELECTRIC
143 ROLLING GREEN CIRCLE
GREENVILLE, SC 29615

WATSON, CHEYENNE
7407 BRIDGEFIELD DRIVE

POWELL, TN 37849

WATSON, MALLORY
510 BROOKS ROAD
MAULDIN, SC 29662

WATTS, ROXIE
1741 SHAW ROAD
WOODRUFF, SC 29388

WAY-MAN, LLC
10 QUAIL HILL DRIVE
GREENVILLE, SC 29607

WAYNE HELD
106 ESTHER DRIVE
EASLEY, SC 29642

WC BUNCH AND ASSOCIATES
PO BOX 32037
LAKELAND, FL 33802-2002

WC STATE OF CONNECTICUT
55 ELM ST
HARTFORD, CT 06106-1746

WCA WASTE CORP
PO BOX 553166
DETROIT, MI 48255-3166

WCO BROADSPIRE/MEDCOR - WCO
PO BOX 14645
LEXINGTON, KY 40512

WCO CONNECTICUT INTERLOCAL RISK
MANAGEMENT A

PO BOX 9558
NEW HAVEN, CT 06535-0558

WCO GALLAGHER BASSETT SERVICES
PO BOX 2831
CLINTON, IA 52733-2801

WCO MEDIVEST
2100 ALAFAYA TRL
OVIEDO, FL 32765

WEAVER, MICHAEL
118 TREEBROOKE DR
GREENVILLE, SC 29607

WEBB, DAVID
220 CHELSEA PLACE AVE
ORMOND, FL 32174

WEBB, KIMBERLY
220 CHELSEA PLACE AVE
APT A
ORMOND, FL 32174

WEBPASS - OMC 8948
USED FOR NON-ATHENA PAYMENTS
ADDRESS UNAVAILABLE AT TIME OF FILING

WELCH ALLYN
4341 STATE STREET RD
SKANEATELES FALLS, NY 13153-5301

WELCH, ROBERTS, AND AMBURN
157 EAST BAY STREET
CHARLESTON, SC 29401

WELLS FARGO BANK
ATTN: BRIAN HUNGERFORD
MAC D3310-033
GREENVILLE, SC 29602

WESLEY JANITORIAL SERVICE LLC
PO BOX 3553
COLUMBIA, SC 29230

WEST CRT HEAVY, LLC
1603 ORRINGTON NBR 810
EVANSTON, IL 60201

WEST FAMILY INVESTMENTS, INC.
1603 ORRINGTON NBR 810
EVANSTON, IL 60201

WEST INTERACTIVE SERVICES CORPORATION
PO BOX 1343
DENVER, CO 80256-1484

WEST INVESTMENT CORPORATION
1603 ORRINGTON NBR 810
EVANSTON, IL 60201

WEST INVESTMENT HOLDINGS, LLC WIRE
WEST FAMILY INVESTMENTS-ANDREA BORREGO
1603 ORRINGTON AVE, SUITE 810
EVANSTON, IL 60201

WEST INVESTMENT HOLDINGS, LLC
1603 ORRINGTON NBR 810
EVANSTON, IL 60201

WEST PHYSICS CONSULTING LLC
3825 PACES WALK SE
SUITE 250
ATLANTA, GA 30339

WEST-GARY CRT 1 LLC
WEST FAMILY INVESTMENTS-ANDREA BORREGO
1603 ORRINGTON AVE, SUITE 810
EVANSTON, IL 60201

WESTROL ENTERPRISES, LLC
308 SCARBOROUGH DR
GREER, SC 29650

WESTROL, ROBERT
308 SCARBOROUGH DR
GREER, SC 29650

WHARTON, SONJA
102 CARRIAGE FARMS COURT
GRAY COURT, SC 29645

WHITAKER, DAWN
304 WILLOW SPRINGS DRIVE
GREENVILLE, SC 29607

WHITE OAK PHARMACY INC
1233 BOILING SRINGS RD
SPARTANBURG, SC 29303

WHITE, KAITLYN
19 WOODHAVEN WAY
EASLEY, SC 29642

WHITES APPLIANCE INC.
2013 EAST MAIN ST
EASLEY, SC 29640

WHITESIDE, JONAH
108 WILLOW CREEK DRIVE

IRMO, SC 29063

WIGGINS, HEATHER
1935 MCCLELLAN STREET
FLORENCE, SC 29505

WILHIDE, BETH
130 FREDRICKSBURG WAY
COLUMBIA, SC 29210

WILKINS, TALISHA
2455 MELVIN HILL RD
CAMPOBELLO, SC 29322

WILLIAM D SUCHANEK, LLC
300 GUNNISON DR
SIMPSONVILLE, SC 29642

WILLIAM GRAY
209 RIVERBREEZE RD
GREENVILLE, SC 29611

WILLIAMS, CHARLTEMAN
233 DARTMOOR DRIVE
SPARTANBURG, SC 29301

WILLIAMS, MELINDA
119 COPPERMINE DR
EASLEY, SC 29642

WILLIAMS, MILLICENT
1323 DEENA LANE
FLORENCE, SC 29506

WILLIAMSON PRINTING, INC.
PO BOX 474

MARION, SC 29571

WILLIAMSON, SONYA
126 PARTRIDGE HILL DRIVE
WEST COLUMBIA, SC 29172

WILLIAMSON, VALENCIA
108 ROOSEVELT AVENUE
APT D
GREENVILLE, SC 29607

WILLIS OF NORTH CAROLINA, INC. EFT
29754 NETWORK PLACE
CHICAGO, IL 60673-1297

WILLOCHELL, GUINNEVERE
1021 HAVELOCK DRIVE
TAYLORS, SC 29687

WILSON, ASHLEY
3633 WEST GEORGIA RD
PELZER, SC 29669

WILSON, CHRISSIE
108 FOREST DR
LIBERTY, SC 29657

WILSON, JANA
65 VILLA ROAD
APT 506
GREENVILLE, SC 29615

WILSON, JONES, CARTER AND BAXLEY, PA
872 S PLEASANTBURG DR
GREENVILLE, SC 29607

WILSON, RAKENDRA
495 PRESTON ROAD
PELZER, SC 29669

WILSON, SHANNON
2212 PAMPLICO HWY
APT B5
FLORENCE, SC 29505

WINDHAM, URSULA
125 TRAVELERS TRAIL
LEXINGTON, SC 29073

WINDSTREAM - 1517 EFT
PO BOX 9001950
LOUISVILLE, KY 40290-1950

WINGATE, NYISHA
450 HARBOROUGH COURT
FLORENCE, SC 29501

WMHS WOODSTOCK COLLECTION
PO BOX 660345
DALLAS, TX 75266

WOLTERS KLUWER HEALTH/
PO BOX 1610
HAGERSTOWN, MD 21741-1610

WOODWARD DIXON
515 DOODLE HILL ROAD
ST. MATTHEWS, SC 29135

WOODY, REMONA
65 BUCCANEER DRIVE
WAYNESVILLE, NC 28785

WORKSMART STAFFING
1318 HAYWOOD ROAD STE A
GREENVILLE, SC 29615

WORSHAM, AMBER
349 BARTON LOOP
MYRTLE BEACH, SC 29579

WPS TRICARE ADMINISTRATION
ATTN: REFUND
PO BOX 7928
MADISON, WI 53707-7928

WRIGHT, JESSICA
541 HARVEST TIME LN
INMAN, SC 29349

WUKELA LAW FIRM
PO BOX 13057
FLORENCE, SC 29504-3057

WYATT EARLY HARRIS WHEELER
1912 EASTCHESTER DRIVE
HIGH POINT, NC 27265

WYCHE P A
44 EAST CAMPERDOWN WAY
PO BOX 728
GREENVILLE, SC 29602-0728

XACT DATA DISCOVERY
DBA XACT DATA DISCOVERY
5800 FOXRIDGE DR, STE 406
MISSION, KS 66202

XEROX CORPORATION
PO BOX 827598

PHILADELPHIA, PA 19182-7598

X-RAY COMPLIANCE SOLUTION, LLC
2080 OWENS RD
LEESVILLE, SC 29070

X-RAY EXPRESS INC
1244 KARLA DR
SUITE 210
HURST, TX 76053-4437

YEARGIN, YVONNE
209 HIOTT ROAD
ANDERSON, SC 29625

YELLOW PAGES DIRECTORIES
PO BOX 111455
CARROLLTON, TX 75011-1455

YORK X-RAY--M325 EASLEY
PO BOX 326
20 HAMPTON ROAD
LYMAN, SC 29365

YORK X-RAY--M498 - ANDERSON
PO BOX 326
20 HAMPTON ROAD
LYMAN, SC 29365

YORK X-RAY--M568 WEST COLUMBIA
PO BOX 326
20 HAMPTON RD
LYMAN, SC 29365

YOUNGBLOOD, KARA
2640 GOLDENEYE RIDGE
SUMTER, SC 29150

YP ADVERTISING
PO BOX 5010
CAROL STREAM, IL 60197-5010

ZALDIVAR, JOCELYN
5530 TERRI DRIVE
MYRTLE BEACH, SC 29588

ZATORSKY, SHANNON
7 PELZER ST.
BELTON, SC 29627

ZIEHM IMAGING, INC.
ATTN: ACCOUNTS RECEIVABLE
6280 HAZELTINE NATIONAL DRIVE
ORLANDO, FL 32822

ZOZRE GREENVILLE, LLC
PO BOX 12098
NEWARK, NJ 07101-5098